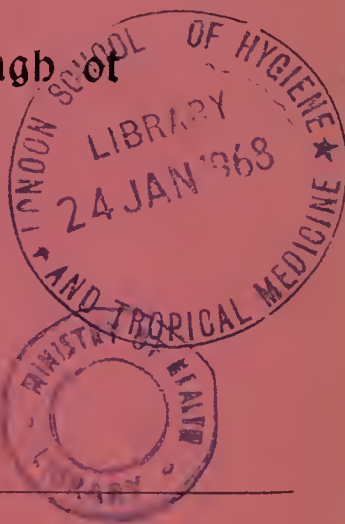


City and County Borough of



Canterbury  
1963



---

# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

Including the Report of the  
CHIEF PUBLIC HEALTH INSPECTOR  
and the Report of the  
Medical Director of the Child Guidance Clinic  
for the year  
1963



City and County Borough of



Canterbury

1933

---

# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

Including the Report of the  
CHIEF PUBLIC HEALTH INSPECTOR  
and the Report of the  
Medical Director of the Child Guidance Clinic  
for the year  
1963



# **CITY OF CANTERBURY—1964**

---

*Mayor:*

COUNCILLOR E. E. KINGSMAN

*Chairman—Health Committee:*

COUNCILLOR MRS. E. M. ROTHERMEL

*Chairman—Education Committee:*

ALDERMAN S. H. JENNINGS, O.B.E.

*Chairman—Sanitary and Licensing Committee:*

COUNCILLOR K. G. HILLS

*Town Clerk and Welfare Officer:*

J. BOYLE, LL.B.

*Director of Education:*

N. POLMEAR, M.A.

*Medical Officer of Health and Principal School Medical Officer:*

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

*Chief Public Health Inspector:*

T. L. MARTIN, A.R.S.I., M.S.I.A.

## COMMITTEE MEMBERSHIP, 1964

---

### Mayor:

COUNCILLOR E. E. KINGSMAN

### Health Committee:

**Chairman:** Councillor MRS. E. M. ROTHERMEL.

**City Council Members:** Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, C.B.E., Alderman W. S. BEAN, Councillor B. A. PORTER, Councillor J. J. ROOK, Councillor K. G. HILLS, Councillor H. H. RIMELL, Councillor MRS. K. M. ELLIS, Councillor F. A. RIPPINGTON.

**Co-opted or Representative Members:** MISS D. M. LEACHMAN, Matron, Kent and Canterbury Hospital; DR. G. G. M. MILES, Local Medical Practitioner; MR. A. S. HAINES, Kent and Canterbury Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

### Mental Health Services Sub-Committee:

**Chairman:** Councillor MRS. E. M. ROTHERMEL.

**City Council Members:** Councillor F. A. RIPPINGTON, Councillor K. G. HILLS, Councillor MRS. K. M. ELLIS.

**Co-opted or Representative Member:** DR. G. G. M. MILES.

### Sanitary and Licensing Committee:

**Chairman:** Councillor K. G. HILLS.

**City Council Members:** Alderman H. P. DAWTON, Alderman A. W. FOWLER, Councillor E. G. SHERSBY, Councillor P. L. WOOD, Councillor H. H. RIMELL, Councillor H. J. BUCKWORTH, Councillor J. D. COOMBES.

### Education Committee:

**Chairman:** Alderman S. H. JENNINGS, O.B.E.

**City Council Members:** Alderman A. W. FOWLER, Alderman T. McCALLUM, Councillor E. C. F. BROWN, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor H. H. RIMELL, Councillor MRS. E. M. ROTHERMEL, Councillor E. G. SHERSBY, Councillor J. TILLEARD.

The Right Worshipful the Mayor, the Aldermen and the Councillors of the City and County of Canterbury.

I have the honour to present the Annual Report for the year 1963. The year saw the beginnings of what may well prove to be the biggest social change in the community since the start of the century. In the development of the University of Kent at Canterbury, to which I refer, we see the full growth of the City as a centre for Higher Education. The Technical College, College of Art and School of Architecture have in themselves brought students from other parts of Britain and from overseas, and the establishment of Christ Church Teachers' Training College has added considerably to the number of young adults in the City during term time. The University will add a considerable academic aggregate to that already present and as the Social Science faculty develops we can expect to feel, not only the vitalizing impact of younger minds, but a growing interest in the City as a community and in its way of life. The demand for student accommodation is already pressing and this pressure will grow, even though the University will be mainly residential and for the rest will look to a wider area than the City alone. The Public Health Department is already watchful over the standard of accommodation offered to students.

This development in local circumstances has made no reduction, but rather has increased and will add to the local tourist trade. Catering is no secondary industry here, and food hygiene is of primary importance and is treated so by the Public Health Inspectors.

We must also see to it that sanitary facilities for day visitors are of a standard which reflects credit on the City. It is not an exaggeration to state that nothing gives such an abiding impression of the standard of local services in a town than its conveniences. This applies to those in cafes, restaurants and public houses just as much as to public conveniences. It is a service that all ages require and few fail to seek.

In plans for the future the Council has accepted the need for the provision of a new Central Clinic and has also approved the principle of other subsidiary clinics. The "clinic" has not lost any of its importance in the scheme of things under the National Health Services Acts and new building will give the opportunity to provide premises to meet particular needs and future developments which present premises restrict.

The avoidance of egocentricity and the appreciation of one's task as part of a much wider Health Service than that provided by the

City Council, blending with the work of the family doctor, the hospital service, the Welfare Services and the Voluntary Organisations, is the attitude which is encouraged in all sections of the department.

Acceptance that there is another point of view is not lacking even when one may see the weaknesses and misunderstandings in that point of view. During 1963 the City Council accepted the wisdom of fluoridation of the water supply to 1 part per million "F" as a public health measure to improve the teeth of children and young people and to promote better dental health. Under pressure from a vociferous but limited group of the population the matter was finally deferred for a year and rests there until the wisdom of your original decision is appreciated. This caused a lot of disappointment amongst mothers of young children. The surrounding County went through the same experience. The factual basis for fluoridation to 1 p.p.m. 'F' as a public health measure remains unrefuted, and will be tested against the opposition once again in a High Court action to be heard in this country in due course.

Your staff, both professional and lay, continue to serve you and the community well. I would like to pay tribute to their faithful service, so much of it in the background, unpublicized, and not always realised by the Members, but in all a worthwhile contribution to the wellbeing of the community.

Your obedient servant,

MALCOLM S. HARVEY.

Health Department,  
15A Dane John,  
Canterbury.



# ANNUAL REPORT, 1963

---

## GENERAL LOCAL CIRCUMSTANCES

### Population

The area of the City remained unchanged, and the population continued its gradual increase to 31,030 in mid-1963. The make up of the population in age groups is normal relative to the national average up to 35 years and is lower than average in the age groups to 55. The 70+ groups are numerically above average, not unaffected by the presence of Nunnery Fields and St. Martin's Hospitals, almshouses and other havens for the elderly.

### Housing

Progress in re-housing from unfit houses identified in the 1955 survey has continued and at the end of 1963 the completion of the first programme was within sight. The main slum clearance area of Northgate is now an area of new housing, and the careful succession of redevelopment following immediately on clearance has avoided the creation of a denuded district. Representation and clearance has been phased with the object of keeping just ahead of the authority's capacity for rebuilding. 510 of the 605 houses remaining in the 1955 list had been dealt with by the end of 1963. Details follow in the Chief Public Health Inspector's report. The Council has continued to pay particular attention to the needs of the elderly in their housing programme.

### Water Supply

The Water Supply to Canterbury is provided by the Canterbury and District Water Company whose original wells at Thanington were sunk about 100 years ago, and whose lime water softening process, now abandoned, was unique at the time of introduction. The Company supplies the area of Canterbury, Whitstable and Herne Bay with intervening parts of Bridge-Blean R.D. and has bore holes at Thanington and Howfield and wells at Ford, Herne Bay. The population served is some 84,000 in winter, increasing to over 100,000 in summer.

The Thanington and Howfield bore holes produce water which is low in fluoride while the Ford wells produce a water containing 1 part per million F. It is only a part of Herne Bay which enjoys the benefits of the latter. The total consumption of water in the Company's area in 1963 was just under 1,300 million gallons.

The water which is supplied to Canterbury from the Thanington and Howfield sources is treated by chlorination and ammoniation. A tap water test taken in Canterbury showed the presence of only 0.15 parts per million fluoride. A typical test result on analysis is as follows. (Thanington No. 2.)

A clear, bright, odourless water.

					<i>Parts per Million</i>
Free and Saline Ammonia	...	...	...	...	0.032
Albuminoid Ammonia	...	...	...	...	0.004
Nitrogen as Nitrites	...	...	...	...	Nil
Nitrogen as Nitrates	...	...	...	...	7.5
Chlorine as Chlorides	...	...	...	...	24
Temporary Hardness	...	...	...	...	238
Total Hardness	...	...	...	...	292
Permanent Hardness	...	...	...	...	54
Oxygen absorbed from permanganate in					
4 hours at 80°F.	...	...	...	...	0.04
Total Solids	...	...	...	...	365
pH value	...	...	...	...	7.1

Bacteriological examination of samples shows the absence of B.Coli in 100 mls. in all tests.

The Howfield source is a similar water showing absence of any free or albuminoid ammonia, a lower level for nitrates, a permanent hardness of only 30 with similar temporary hardness and a pH value of 7.0.

The local water supply is therefore a good water, slightly hard by reason of its chalk source, but lacking in an adequate fluoride content.

## Sewerage

The whole City is sewered except for isolated groups of dwellings in the Hollow Lane, Nackington, Stodmarsh Road and Bekesbourne Lane localities, which are served by a cesspool emptying service.

The sewage disposal works is to be enlarged under a scheme now going ahead. Areas outside the City in Blean, Rough Common, Tyler Hill, and Thanington Without are sewered into the City sewers. The City was originally sewered in 1866/67 under the Mayoralty of Dr. Thomas Sankey Cooper, then Medical Officer to the Guardians, and recommended by them to be appointed Medical Officer of Health in 1849. If the letter from the Board of Health had not been shelved between the Magistrates, Guardians and Council, he might have been amongst the early few holding that office.

## Employment

The state of employment showed less of a seasonal fluctuation in 1963 and the Manager of the Ministry of Labour Employment Exchange kindly provided the following figures for unemployed (Canterbury and Bridge-Blean area approximate population 52,000):

	<i>Mid-year 1963</i>	<i>End 1963</i>
Males	122	157
Females	44	39

## General Statistics

Area: 4,810 acres. Population (mid-1963): 31,030.

Inhabited dwellings (Rate book 31.3.64): 10,135. Increase over the year: 199.

Rateable Value: £1,389,250. Penny rate represents £5,500.

Live births per 1,000 population: 16.1.

Death rate, all causes, per 1,000 population: 13.3.

Infant Mortality per 1,000 live births: 21.5.

Peri-natal mortality per 1,000 live and stillbirths: 29.

Illegitimate live births per cent. of total live births: 6.2.

More detail is given at the end of the section of the report dealing with Home Health Services.

## Staffing Changes

During the year, Dr. G. F. Slocombe moved to another local authority and his place as Deputy Medical Officer of Health was taken by Dr. James Hunter. Two changes in the midwifery staff arose from a retiral and a marriage and one of the District Nurses was sponsored for training as Health Visitor to increase the number of Health Visitors to six.

Shortage in the staff of Public Health Inspectors is all too frequent as Inspectors obtain promotion on the experience gained here or move to higher paid posts. Mr. Martin refers to this in his report.

The Regional Hospital Board took advantage of Child Guidance Clinic developments in East Kent at Dover and Thanet to make an appointment to the Canterbury clinic instead of covering our needs on a sessional basis.

Dr. K. M. Fraser was appointed as Psychiatrist for Child Guidance based on Canterbury. Dr. Turle retains his links with Canterbury through the Adolescent Clinic in Castle Street.

One of our oldest established members of the Home Help service retired in 1963 after 17 years as a "full-timer". Mrs. Hills was an excellent example of the happy spirit that pervades that section of the staff who bring help in all their doing.

## HOME HEALTH SERVICES

### Care of Mothers and Young Children

There have been no changes in clinic premises, which comprise one central clinic and three outlying units, one of which is now run as a health visitor session only.

A reorganisation of the Ante Natal Clinic arrangements was necessary to allow adequate space for the Relaxation Classes and Mothercraft talks. The latter are now held on a different afternoon than that of the medical and dental ante-natal session.

The Friday afternoon child welfare session in the Central Clinic is now attended by a Medical Officer at each session with emphasis on toddlers and birthday dental checks.

Welfare foods are on sale to mothers in attendance at all child welfare clinics with the main supply depot at the Central Clinic open daily from Monday to Friday.

In view of the number of early discharges of hospital delivered maternity cases a modified maternity pack has been introduced for such cases. These packs are held by the district midwives to be used as required.

The full maternity pack contains:-

12 Maternity Pads K.424/3, separately wrapped and sterilised.

12 Maternity Pads K.424/2, separately wrapped and sterilised.

6 Umbilical Pads (lint), separately wrapped and sterilised.

4-2 oz. pkts. Hospital Cotton Wool, separately wrapped and sterilised.

1 pkt. of 3-1 yd. cord ligatures, wrapped together and sterilised.

1 sheet waterproof paper 30 in.  $\times$  36 in.

6 pkts. cord powders, separately wrapped and sterilised.

6 safety pins, size 3.

1-4 oz. pkt. cellulose wadding.

1 Accouchment Sheet 24 in.  $\times$  24 in.

The early hospital discharge pack contains:—

18 Maternity Pads, Dr. White's size 1, looped—  
ends.

—All separately

4 Umbilical Pads, Lint.

— wrapped

1  $\times$  2-oz. Packet Hospital Cotton Wool.

— and

6 pkts. Cord Powder.

— sterilised.

1 Crepe Bandage 3 in.  $\times$  5 yds. stretched.

—

One of the child welfare sessions at the Central Clinic is staffed by a General medical practitioner. Other General practitioner sessions are in dental anaesthetics and school health work.

At all child welfare sessions attended by a medical officer protective inoculation or vaccination is offered. The scheme covers protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. Oral poliomyelitis vaccine is in use in the child welfare clinics, but a few General medical practitioners all of whom take part in the local health authority's vaccination and immunisation scheme still use the injected polio vaccine.

The following is the list of clinics and sessions:—

*Infant and Toddler Welfare Clinics:*

Monday, 2 p.m., 51 London Road, May Hooker Memorial Clinic: Doctor, Health Visitor and W.V.S. voluntary workers (London Road Clinic).

Tuesday, 2 p.m., Hollow Lane, Wincheap Primary School: Health Visitor and voluntary workers (Wincheap Clinic).

Tuesday, 2 p.m., Welfare Hut, Military Road: Doctor, Health Visitors and voluntary workers (Northgate Clinic).

Thursday, 2 p.m., Central Clinic, Stour Street: Doctor, Health Visitors and voluntary workers.

Friday, 2 p.m., Central Clinic, Stour Street: Doctor, Health Visitors and voluntary workers.



### *Mothercraft and Relaxation Classes:*

Monday, 2 p.m., Central Clinic. Physiotherapist and Health Visitor.

### *Sewing Classes:*

Tuesday, 2 p.m., Central Clinic (during school term time).

### *Ante-Natal Clinic:*

Wednesday, 2.15 p.m., Central Clinic. Midwives and Medical Officer.

### *Dental Clinic (Expectant and Nursing Mothers and Pre-School Children):*

Wednesday, 2 p.m. and Friday, 2 p.m., Central Clinic Surgery Ground floor). (Some treatment is carried out by appointment at the Dental Surgery in the School Clinic, Northgate.)

## **Attendances at Clinics during 1963**

### **Infant Toddler Welfare Attendances:**

	Age Group:	Central:	Wincheap:	North-gate:	London Road:	Total
Children on Clinic Register 31.12.62)	Under 1	168	69	38	64	339
	1-5 years	184	115	54	74	427
Children on Clinic Register 31.12.63)	Under 1	182	60	109	78	429
	1-5 years	259	97	150	182	688
First attended during 1963—Born in 1963						459
Born in 1962/1958						828
Total attendances made by children Under 1						6,480
1-5 years						3,226
Doctors' consultations Under 1						1,237
1-5 years						695

Out of the 3,226 attendances over the age of 1 year, 1,496 or 46% were over 2.

### **Ante-natal Clinic attendances:**

Sessions...	...	...	...	...	...	51
First attendances during 1963	...	...	...	...	...	155
Total attendances in 1963	...	...	...	...	...	377
Blood tests taken	...	...	...	...	...	152
Post-natal examinations	...	...	...	...	...	5
In attendance 1.1.63	...	...	...	...	...	49
In attendance 31.12.63	...	...	...	...	...	52

### **Relaxation Classes:**

Sessions held	...	...	...	...	...	42
Mothers in attendance	...	...	...	...	...	111
Total attendances	...	...	...	...	...	609
Mothercraft sessions at Central Clinic	...	...	...	...	...	45

It is usual for two groups to meet at each session, alternating with the relaxation class.

## **Priority Dental Care**

Staff illness hindered the full development of this service during the year.

### Numbers provided with dental care:

	No. of Persons examined during the year	No. of Persons who commenced treatment during the year	No. of Courses of treatment completed during the year
Expectant & Nursing Mothers ... ..	47	54	35
Children under 5 and not eligible for school dental treatment	49	54	50

	Scaling and Gum Treat- ment	Fill- ings	Silver Nitrate Treat- ment	Crowns and Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	9	18	3	—	62	23	10	6	4
Children Under Five and not eligible for School Dental Service	—	2	28	—	55	20	—	—	—

Number of Dental Treatment Centres in use at  
 December, 1963 for services above ... .. 2  
 Number of Dental Officers Sessions devoted to Child  
 Welfare Patients during the year ... .. 52

### Welfare Foods

The uptake of these foods during 1963 is compared with that for the previous two years. The decline in the use of National Dried Milk is shown as well as in the issue of Cod Liver Oil.

	1963	1962	1961
National Dried Milk ...	5,263	6,642	7,993
Orange Juice ... ..	8,270	6,769	10,879
Cod Liver Oil ... ..	448	453	1,182
Vitamins A and D Tablets	939	1,002	1,436

### Premature Infants

There were 44 premature births out of the 500 live births to Canterbury mothers. 33 were born in hospital and 11 in domiciliary practice. This rate of 88 per 1,000 births is the highest for some years, the usual rate being around 70.

## Domiciliary Midwifery

Four domiciliary midwives are provided. Two are approved teacher midwives from whom nurses from the Part II Midwifery Training School at the Kent and Canterbury Hospital receive district training. The percentage of home deliveries is falling year by year and was below 40 % for the first time. This did not lighten the load of the District Midwife, however, as a number of hospital delivered mothers were sent home to complete the lying in under the domiciliary midwife's care.

Births in Canterbury—At Home—				
Doctor and/or Midwife	...	...	...	181
Elsewhere—				
Hospital	...	...	...	977
Total				1,158
Live Births to Canterbury mothers:				
Kent and Canterbury Hospital	...	...	...	236
Domiciliary Practice (City Midwives)	...	...	...	179
Private Domiciliary Practice (City)	...	...	...	Nil
Military Families' Hospital, Shorncliffe	...	...	...	26
St. Helier's Maternity Home, Tankerton	...	...	...	34
Elsewhere	...	...	...	25
Total				500

Stillbirths numbered 13, all occurring in hospital, 10 in Canterbury, 3 elsewhere.

## Breast Feeding

Amongst the home born babies 46 % were breast fed on completion of the midwife's care. There is a trend of fashion in artificial feeding but nothing in the advance of the art and science of artificial feeding has improved on the natural mother to child flow of human food of human origin. It is strange in an era when emotional and physical satisfaction is talked of and yearned after that this emotional and physical fulfilment and most natural bond between mother and baby should be avoided or most casually broken. In having recourse to the hormone therapy that can dry the flow of human nurture, thought must be given to the needs of the baby for the mother's breast. Preparation, patience and perseverance will succeed in establishing breast feeding in many mothers who struggle from it, or who find it a social hindrance and seek to avoid it.

Although the breast as a cult in modish elegance and grace receives much attention, we make no social provision for the breast feeding mother. We carry some of the blame for a decline in breast feeding in that the mother who does right by her baby is forced into social isolation. This need not be so and should not be so.

## **Anaemia in Women attending Ante-Natal Clinics**

(This section is contributed by Dr. James Hunter, Deputy Medical Officer of Health.)

It was found that some 65% of Canterbury women attending the Ante-Natal Clinic during the first 24 weeks of pregnancy were suffering from marked anaemia.

The reason for this is that the iron requirements of women during the reproductive period are greater than those of men. The amount of iron that must be assimilated per day in order to maintain a positive iron balance, as estimated from data on iron excretion, is probably 1.0 mgm. for men and 1.5 mgm. to 2.0 mgms. for women.

That women tend to eat less iron-containing food than men has been shown by research workers in the past. With no restrictions due to income or other cause the mean value of the total iron intake of men is about 16 mgms. while that of women is only about 11 mgms.

If the adult male absorbs an average of 10% of the iron in a diet that contains 12 to 15 mgms. of iron per day, he will retain 1.2 to 1.5 mgms. Now since he excretes only about 1 mgm. or less of iron per day, he will have no difficulty in maintaining a positive iron balance. If, however, one considers the adult female it will be seen that the picture is somewhat different from that found in man. During the years of menstruation and child bearing, although she tends to eat less food than men, she loses additional amounts of iron. During normal menstruation a woman loses an additional 24 to 28 mgms. of iron each month, which means a loss of 0.5 mgm. to 1 mgm. per day. By the time she becomes married and is expecting her first baby her iron stores are usually depleted and she is suffering from a mild iron deficiency anaemia. It has been suggested that during gestation a mother furnishes her foetus with between 1 mgm. and 2 mgms. of iron per day. It is now fairly obvious that the iron balance in a young woman is precarious and any increase in menstrual loss or frequent pregnancies will lead to a marked iron deficiency anaemia.

From the above it will be seen that iron deficiency anaemia in this country is essentially a disease of women, and it has become a Public Health problem of considerable importance.

If possible, no woman should be permitted to go into labour with a haemoglobin level of under 80%. This can only be achieved if women as soon as they think that they are pregnant report immediately to the ante-natal clinics run by Family Doctors and Local Authorities when blood can be taken for Hb estimation and the expectant mother can immediately be put on iron therapy.

### **Diet**

Many foodstuffs contain iron and rich supplies are to be found especially in Liver 3.0 mgms. per oz., Corned Beef 3.1 mgms. per oz., Beef 1.1 mgm. per oz., Eggs 0.8 mgm. per oz., Wholemeal



Bread 0.7 mgm. per oz., Baked Beans 0.7 mgm. per oz., Mutton 0.6 mgm. Raisins 0.5 mgm. per oz., Fish 0.4 mgm. per oz., Watercress 0.4 mgm. per oz., Cabbage 0.3 mgm. per oz., Potato 0.2 mgm. per oz. Although most of the iron taken into the body is derived from the foods listed above, there are, besides food, two other sources from which useful amounts of iron can be obtained:—

1. Nutritionally valuable amounts of iron may be present in the water used for drinking and cooking.
2. Iron can also be obtained from kitchen knives and iron utensils.

The efficiency of iron absorption depends on the amount of iron administered; usually no more than 10% of ingested iron is absorbed. Since it requires 25 mgms. of iron to raise the Hb level by 1% and since this in turn requires about 200 to 300 mgms. of iron to be actually ingested, it may thus be seen that it is almost impossible to treat anything but the mildest of iron deficiencies with foodstuffs rich in iron, for none of them (with the possible exception of liver) is rich enough in iron to ensure an adequate absorption.

J.H.

## Health Visiting

The staff in 1963 was five health visitors, a T.B. health visitor centred on the Chest Clinic giving the equivalent of one-third full-time, and a sponsored trainee health visitor. The health visitors are also school nurses but there is also one full-time school nurse.

<i>Visits to Infants and Children—</i>				1962	1963
Under 1 year—First Visits ... ..				517	516
Other Visits ... ..				1,978	1,702
1-5 years—Total Visits ... ..				2,946	4,366

<i>Visits to Expectant Mothers—</i>					
First Visits ... ..				132	234
Other Visits ... ..				55	136
Child Life Protection Visits ... ..				37	—
Visits to Persons over 65 years—Total Visits				174	164
Other Visits, including infectious diseases, T.B. and after care and mental health				448	499

The figures for the Tuberculosis Health Visiting are as follows:

				1962	1963
Clinic Sessions ... ..				115	146
Mantoux Test Clinics ... ..				39	49
Home Visits ... ..				506	575
B.C.G. Clinics ... ..				34	33

The “at risk” register had 105 names on it at 31.12.63. The special visiting procedure is now followed up by a milestones review by the Welfare Clinic Medical Officer wherever possible, with removal from the register if indicated.

## Home Nursing

(Canterbury District Nursing Association have a staff of 5 nurses of whom 3 are Queen's Nursing Sisters.)

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
The year 1958	569	82	11	2	664	19,187	283	13,366
" " 1959	588	101	6	2	697	14,445	336	12,937
" " 1960	539	80	2	2	623	17,756	372	12,369
" " 1961	469	93	3	1	566	18,269	353	14,753
" " 1962	508	78	5	8	599	20,043	351	15,668
" " 1963	498	101	5	2	606	18,334	363	14,297

## Vaccination and Immunisation

The following table shows the work done in 1963. A special checking procedure is carried out to show these children not yet immunised or vaccinated by age 18 months onwards, and on this register the Health Visitors follow up to encourage the optimum level of protection of the pre-school child. The birthday check at age 4 years is used to encourage pre-school boosting of diphtheria and tetanus protection.

## Vaccination and Immunisation, 1963

Against Smallpox		Under 3 Months	3—6 Mth's	6—9 Mth's	9—12 Mth's	1—4	5—15	Over 15	Total
Primary Vaccination	Clinic	5	3	7	9	25	—	—	49
	Family Dr.	99	20	11	11	44	9	11	205
Total		104	23	18	20	69	9	11	254
Revaccination	Clinic	—	—	—	—	3	1	2	6
	Family Dr.	—	—	—	—	5	12	4	21
Total		—	—	—	—	8	13	6	27

Against Diptheria		Born in 1963	1962 /59	1958 /48	Others	Total
Primary Immunisation	Clinic	83	83	7	—	173
	Family Dr.	104	160	1	—	265
Total		187	243	8	—	438
Booster Dose	Clinic	—	26	39	3	68
	Family Dr.	—	19	129	2	150
Total		—	45	168	5	218

Whooping Cough	No. of Cases Inoculated	185	237	2	—	424
	Booster Dose	—	37	36	1	74

Tetanus	No. of Cases Inoculated	186	243	12	5	446
---------	-------------------------	-----	-----	----	---	-----

Canterbury Population Mid-1962	0 — 4	5 — 14	0 — 14
	2,300	4,600	6,900

Canterbury Births — 1962	... 497
Canterbury Births — 1963	... 500

### Polio Vaccination

Oral vaccine proved much more acceptable to the clinic doctors than to the family doctors as will be seen by the percentages in the following tables. Its ease of administration has given us a measure readily adaptable to any local infectious situation and can offer no excuse to a parent who had not yet had a child protected against "polio".

# PERSONS RECEIVING POLIOMYELITIS VACCINE IN 1963

Persons born in		1963	1962	1944/61	1934/43	Special Group	% given at Clinics
Salk Vacc. (by injection)	1st						
	2nd	12	24	7	—	3	
	3rd	2	18	30	1	3	
	4th			63		7	
Total	170	14	42	100	1	13	1%
Sabin Vacc. (oral)	1st	—	1	12	—	6	
	2nd	2	3	18	—	2	
	3rd	70	229	113	8	46	
	4th	—	—	62	—	4	
Total	576	72	233	205	8	58	59%
Course completed with Sabin (oral)	3rd	—	6	23	3	3	
Total	35						33%
Booster 4ths (oral) after 3 Salk	4th			Age 5-12 563		31	
Total	594						85%

## B.C.G. Vaccination

(Section 28 N.H.S. Act; Prevention of Illness)

Protection against tuberculosis is provided for contacts of infection through the Clinic for Chest Diseases by the Chest Physicians staff and the Tuberculosis Health Visitor. Routine protection of school children is organised through the schools. Age groups of 12 years and upwards are offered the protection, and the scheme covers Education Authority and Independent schools in the City. B.C.G. Vaccination is also offered through the Technical College and College of Art by posted notices. In the Education Authority schools the medical officers who carry out the vaccination make a preliminary visit to explain the purpose of the scheme and the nature of the procedure. This is considered fairer to the pupils, overcomes misunderstandings, and results in maintaining the response at above 80%. The pupils vaccinated with B.C.G. represent 76.4% of the appropriate age groups over the last seven years, and to this must be added those done as case contacts.

### Contacts—

Skin Tested	...	...	148		
Found Negative	...	124	% Positive	...	17%
B.C.G. Vaccinated	...	129			

### Routine Protection—

Number in 12/13 Age Group	—550	Older Age Group	Total
Consents to test ...	—435	—127	562
Found Negative ...	—378	—103	481
Vaccinated B.C.G. ...	—378	—103	481
Found Positive ...	—23	—24	} *81
Positive (previous B.C.G.)	—34	?	

\*Information on previous B.C.G. not obtained in older age group.)

Routine Protection against Tuberculosis for Secondary School pupils began in 1955 and in the nine years of the scheme a total of 4,895 pupils were tested, 472 found positive, and 4,392 vaccinated. Care is now required in checking positive results for previous B.C.G. Vaccination forgotten about by parents.

### L.E.A. SCHOOLS—B.C.G. VACCINATION SINCE 1955

Year	Appropriate School population	Test	No. Tested	% Possible	Test +ve	%	Test —ve	Vacd. B.C.G.
1955	—	Mantoux	396	—	70	17·6	326	325
1956	—	Mantoux	510	—	76	15·0	434	434
1957	618	Mantoux	481	78	48	10·0	433	433
1958	710	Heaf	639	90	56	8·7	583	583
1959	937	Heaf	712	85	81	11·4	631	631
1960	612	Heaf	511	83	37	7·0	474	474
1961	801	Heaf	695	86	31	4·4	639	634
1962	559	Heaf	550	94	50	9·9	500	500
1963	516	Heaf	401	80	23	4·4	378	378
9 years			4,895		472		4,398	4,392

### Ambulance Service

A start was made on the construction of the new Ambulance Station, sited between Old Ruttington Lane and Military Road. This will provide a good standard of accommodation for personnel and vehicles, with proper facilities for maintenance, for day to day care of vehicles. The Station Officer and personnel have provided a service with great good humour for the last fifteen years from an Ambulance Station that amounts to a large surface shelter and a number of temporary garages in the forecourt of the Technical School for Girls. The school will be glad to see us go and the staff will enjoy the better quarters, but an expression of gratitude is well-earned by both sides for their tolerance and patience over the years.

The close liaison between the Joint Services at Canterbury and



the County Stations in East Kent will continue, and the Area Ambulance Officer of the County Council will have his office in the new station although not directly concerned in its management.

The staff at the end of 1963 totalled 24, made up of 22 ambulance driver attendants, 18 on shift rota and 4 on day duty, 1 control room assistant and 1 station officer, total 24. Vehicle strength was 5 stretcher ambulances and 4 sitting case cars. Use is made of the Hospital Car Service, and of Railway Transport where appropriate.

#### USE MADE OF AMBULANCE SERVICE, 1963

	1960	1961	1962	1963
Total Patients Carried	33,390	34,091	33,411	33,046
Outpatients	27,926	28,675	27,917	27,443
Admissions, Transfers, Accidents, etc.	5,712	5,416	5,494	5,603
Mileage	157,268	154,039	158,106	159,235

Hospital Car Services: 151 patients,; mileage 9,814

This is a 50% increase on patients carried in the Hospital Car Service and a 30% increase on mileage.

#### Health Education

General work in this field is the day to day duty of the Health Visitor. A full selection of film strips is available and a selection of sound strips.

The department does not yet possess a film projector as part of its equipment and the use of films requires special arrangements to match availability of the borrowed apparatus and of the film. We have hardly developed the use of this animated approach to health education.

During the early part of the year much spare time was given up by the Medical Officer of Health and other members of staff to enlightening groups on the proposals for fluoridation adjustment in the local water supply. When the Council decided to defer further consideration of the matter for one year they also banned health education on the subject. This led one to consider the difference between health education and propaganda. The former is the presentation of acceptable facts with an opportunity for the person to reach a valid conclusion. The latter is the promotion of an opinion based on statements apparently factual. Propaganda stirs the emotions. Education stimulates thought. While the ethics of

the Council's decision on banning health education in the face of propaganda pressure were not discussed, the decision was undoubtedly sensible and taken in the knowledge of the emotional heat that had been engendered on the subject of fluoridation which had reached the stage of creating apprehension near to public sickness. The leaven of the health education that was possible will continue to work in the minds of the public.

Arrangements were made to use the Dental Council's mobile exhibition on General Dental Hygiene, and the East Kent Fruit Show did its bit in promoting the virtue of the apple in a special competition run through the schools.

The Consultant Paediatrician in this area has called attention to the danger to children in the too common use of salicylates in the domestic treatment of lesser troubles. Salicylates, most commonly administered in one of the forms of aspirin, are responsible for much gut trouble in adults, and gastric and duodenal haemorrhage is frequently attributed to this alone. Cases of intractable bleeding from the gut of infants have occurred locally which could only be explained by home dosage with aspirin or other forms of salicylates. We are an aspirin eating nation and the reflection of this in the home treatment of children can be dangerous.

The Health Visitors in their visits to mothers at home promote understanding of such dangers. For a long time the dangers of inflammable night-wear have been stressed, and the necessity for fireguards and full protection of electric radiators. The prospect of legislation on inflammable nightwear is welcome progress, for the sudden tragedy of burns in a young child is something we must be prepared to pay more to prevent.

Education on the avoidance of home accidents is carried into the homes by the Health Visitors and is promoted through public channels by the Home and Road Accident Prevention Council. There is a confidential follow-up of home accidents that require hospital treatment.

## Home Help Service

The first "in service" training course was carried through successfully. The staff of Home Helps number 1 full-time and 27 part-time, the latter having a full-time equivalent of 17.2 (total full-time equivalent 18.2).

The total cases helped numbered 260. Mrs. Amos, Home Help Organiser, has maintained the supervision of the staff and increased the visiting of cases. Each case is carefully assessed as to help required and contribution to cost of the service.

Continuation of the "in-service" training courses is planned.

Home Help Service	1963 Part-time
Maternity ... ..	22
Acute Illness ... ..	13
Chronic Illness or Infirmary ... ..	225
Presence of Young Children ... ..	—
Tuberculosis ... ..	—
Totals ...	260

## Chiropody Service

The work is carried out by a private chiropodist on a case basis, either in his surgery or by domiciliary visit.

The total number of treatments given during 1963 was 668, of which 297 were domiciliary treatments and 371 were surgery attendances. The number under treatment at any time during the year was 140.

New cases referred in the year numbered 59 of whom 23 were domiciliary and 36 ambulant. The sources of referral were 52 General Medical Practitioner, 6 District Nurse, 1 Health Visitor.

The 140 cases under treatment during 1963 by year of referral and type are shown below.

Classification	1963	1962	1960/61	Total
PHYSICALLY HANDICAPPED				
Elderly	17	21	20	58
Otherwise	7	2	4	13
ELDERLY PERSONS	35	19	16	70
EXPECTANT MOTHERS	Nil	Nil	Nil	Nil
Total	59	42	40	140
SOURCE OF REFERRAL				
Gen. Med. Practitioner	52	33	29	114
District Nurse	6	8	10	24
Health Visitor	1	1	1	3



### *Summary of cases of mental subnormality:*

Under supervision	...	...	...	41
Awaiting admission to hospital	...	...	...	2
Admitted to hospital during 1963	...	...	...	3
Cases reported by L.E.A.	...	...	...	5
New cases placed under supervision	...	...	...	15
Removed from supervision	...	...	...	Nil
Deaths	...	...	...	1
Total visits	...	...	...	156
Cases admitted to temporary care	...	...	...	6
Cases under guardianship	...	...	...	Nil

Cases supervised: Male—9 under 16 years; 17 over 16. Female—7 under 16 years; 8 over 16. Total 41.

### **Mental Illness and After-Care**

The association between Mental Welfare Officer and the Mental Hospital continued to develop satisfactorily during 1963 and there was full co-operation on after-care including visits to patients prior to their discharge from hospital.

No difficulties have been encountered in arranging admissions to hospital, either formal or informal. Applications have been taken for Council residential accommodation in the City from several patients, and two patients were allocated Council flats during the year.

Private lodgings for patients who no longer need to be in hospital are regrettably almost unobtainable, and with the increasing pressure of demand on all accommodation in the City, the situation is unlikely to improve in the foreseeable future.

Three patients were introduced to the Red Cross Clubs during the year and attended for varying periods until they felt able to join in communal activities of their own choice.

It is gratifying to report that one or two cases were brought to notice whereby action was possible either to avert mental breakdown or to ease difficult situations. Such preventive action also helps to reduce the number of admissions to hospital.

Admissions to hospital during 1963 were as follows:—

Formal—Section 29	...	...	...	...	12
Section 25	...	...	...	...	4
Section 60	...	...	...	...	1
Informal admissions involving Mental Welfare Officer					13
After-care—New cases	...	...	...	...	14
Current cases	...	...	...	...	30
Cases removed from After-care	...				10

### **Mental Health Service**

No change was made in the service during the year, but developments included the official opening of the extended Training Centre and satisfactory progress in the liaison between hospital and local health authority on after-care.

## Mental Subnormality

In attendance at the Canterbury Training Centre at the end of 1963:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Canterbury cases	7	6	4	2	19
Kent County cases	3	5	7	9	24
	—	—	—	—	—
Total	10	11	11	11	43
	—	—	—	—	—

All except one of the Canterbury cases under supervision who are between 5 and 15 years of age attend the Training Centre.

## Ministry of Health Circular 78/50

The implementation of Section 1 of the Children's and Young Persons Act 1963 which gave new opportunities and powers to promote the welfare of children threatened by neglect, transferred to the Children's Officer the responsibility for co-ordination expressed by Circular 78/50 and at the end of the year the Medical Officer of Health handed over the function to the Children's Officer. Closer association between the Health Visitors and the Children's Officer's staff of Child Welfare Officers (how confusing can we become!) has been encouraged over the years. As child life protection supervision in the City has been carried out by the Children's Department for some years now, a close liaison is necessary to ensure that foster parents receive the same health visiting as other parents of young children. Adoption agencies were inclined to slip up in not advising of the presence of a new child in a household. Private placement through advertisement can bring a baby into a household without the health visitor being aware of it. It is not interference on the part of the Health Department to wish to know of all new arrivals. It is a wish to ensure that our contribution to child health is available to all children. The principle behind notification of birth is unfortunately not applied to adoptions, fosterings or private placement as a statutory procedure, and we depend on liaison between departments and the avoidance of egocentricity.

## National Assistance Act, Section 47

No orders were sought.

## Accommodation for Old People

At the end of the year there were 83 places in almshouses, 112 old persons' bungalows, 132 old persons' flats, 160 old persons' units in flats or bungalows with warden, 50 places in local authority old persons' homes and one private home with 4 places.

The total of 381 represents 12.2 per 1,000 population. Out of the 272 supervised units, 216 were local authority places. One of the old persons' units opened during the year was an old persons' assisted unit with resident warden, communal sitting-room and shared sanitary and heating services, but with each resident enjoying an independent bed-sitting-room with kitchen attached. This limited independence is a special need of some 10% of the over 75's.

## Blind and Partially Sighted Persons

The cases notified on Form B.D.8 during 1963 numbered 14.

<i>Condition present</i>	<i>Cataract</i>	<i>Glaucoma</i>	<i>Myopia</i>	<i>Others</i>	<i>Total</i>
No treatment ...	—	—	—	8	8
Treatment needed ...	3	2	—	1	6
Treated on follow-up ...	2	1	—	—	3

## Nursing Homes

There is 1 private nursing home in the City which takes a few patients only.

## Nurseries and Child Minders

The Women's Voluntary Service established a Play Centre in the Sturry Road Social Hall which runs on Friday afternoons. This is a popular and most useful service and up to 40 children are received for a period of just over two hours, to allow mothers freedom to shop or just a rest from family responsibilities.

There is one private nursery school open mornings only and no other registered child minders.

## Voluntary Organisations

At least thirteen voluntary organisations are active locally in some field of work closely connected with the local health services. (See Service Information at end of the report.)

The meeting with representatives of such local voluntary organisations which was recommended in Min./Health circular 7/62 was repeated in 1963 and is to be continued at least annually. The exchange of views and information was found to be useful to all and spanned a wide range of activities. Some results of the first meeting were—Use of Canterbury Training Centre kitchen by W.V.S. during school closure for production of "Meals on Wheels"; increased transport facilities for blind and physically handicapped to attend clubs and classes. The needs emphasized included more accommodation for elderly (see above regarding new assisted unit); storage accommodation for beds, bedding, furniture and perambulators donated to voluntary services, greater publicity for the services available; male sitters-in; and evening sitters-in for mentally handicapped children.

## Training Facilities

The Health Department continues to provide facilities for student nurses from the Kent and Canterbury Hospital and St. Augustine's Hospital to see something of the work of the District Nurses and Health Visitors and pupil midwives are received from the Part II Training School at the former hospital.

The City seems to serve as a compact unit for observation of the local health services by overseas visitors, and we are not infrequently invited to have someone attached for a few days' observation, or to provide a hurried potted tour.

## Civil Defence Training

Mr. A. Poole, a member of the Joint Ambulance Service staff, continues to serve as Instructor to the Ambulance and First Aid Section of Civil Defence.

# Infectious Disease Tables.

Cases Notified during 1963

Disease	Age Group											Quarterly Incidence				
	Age Un-known	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Total	1st	2nd	3rd	4th	Total
Measles ...	—	7	39	87	76	72	285	12	8	2	588	47	395	145	1	588
Scarlet Fever	—	—	—	—	1	—	4	—	—	—	5	—	1	—	4	5
Whooping Cough	—	—	—	2	—	—	6	2	2	—	12	—	4	5	3	12
Dysentery ..	—	1	2	2	1	2	26	4	2	9	49	—	45	4	—	49
Erysipelas ...	—	—	—	—	—	—	—	—	1	4	5	2	1	2	—	5
Food Poisoning	—	—	—	—	—	—	—	6	35	—	41	—	41	—	—	41

## Other Infectious Diseases Notified.

Diseases	Age Group							Quarterly Incidence					
	Age Un-known	Under 5 yrs.	5-14	15-44		45-64	65 +	Total	1st	2nd	3rd	4th	Total
Acute Pneumonia	—	1	1	1		4	5	12	9	—	—	3	12
Acute Encephalitis (infective)	—	—	—	—		—	—	—	—	—	—	—	—
		Under 5 yrs.	5-14	15-24	25-44	45-64	65 +	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory		—	1	—	—	1	3	5	—	3	2	—	5
Other forms		—	1	—	1	—	—	2	1	1	—	—	2

## Puerperal Pyrexia

One case was notified from hospital.

## Tuberculosis

There were only 5 cases of Respiratory Tuberculosis notified in 1963 (2 male and 3 female), the lowest figure recorded in the City since 1939 or earlier. The number of cases on the T.B. Register fell to Pulmonary 107 male, 66 female; Non-Pulmonary 19 male, 12 female. The measures to prevent tuberculosis are described earlier in the report.



Notifications of Pulmonary Tuberculosis over 25 years, actual and expressed as cases per 10,000 population (in parenthesis).

1939—23 (8.7)	1948—16 (6.3)	1956—14 (4.6)
1940—32 (13.7)	1949—25 (9.6)	1957—9 (3.0)
1941—24 (12.2)	1950—21 (7.7)	1958—9 (3.0)
1942—29 (14.6)	1951—19 (6.4)	1959—14 (4.6)
1943—17 (9.2)	1952—18 (6.1)	1960—19 (6.2)
1944—28 (15.0)	1953—20 (6.8)	1961—9 (2.9)
1945—27 (12.5)	1954—22 (7.4)	1962—9 (2.9)
1946—23 (9.7)	1955—19 (6.4)	1963—5 (1.6)
1947—20 (8.2)		

## Dysentery

In the second quarter of 1963 there was a generalised outbreak of Sonne dysentery in the City confined in the main to Primary School children and centred on two of the Primary Schools. 45 cases were notified in the second quarter but in the same period 66 cases were identified including those notified. The outbreak began in the first week of May and lasted for five weeks. There was a widespread prevalence of this form of dysentery which is contact spread, in nearby areas of Kent. Control was hindered because the organism proved to be insensitive to a common form of therapy. The schools in which Sonne Dysentery was present carried out a careful routine of personal and toilet hygiene. All other schools were warned of the outbreak and imposed stricter rules on hygiene. The Public Health Inspectors and Health Visitors visited the households where cases or contacts were reported. The policy for contact control was to exclude food handlers from work until three consecutive stool specimens proved negative; to exclude infant school contacts until three negative stools were obtained; to check older children in junior and secondary schools by means of a stool specimen but not to exclude from school. Head Teachers were asked to exclude all cases of diarrhoea and to advise the parents to seek medical attention for the child. The peak incidence was in the age groups 6 and 7 and cases were evenly distributed between the sexes.

## Food Poisoning

An outbreak of food poisoning due to *Salmonella Typhimurium* Phage type 29 occurred in a local residential school. 41 cases occurred over a period of three days out of just under 400 day and residential pupils and staff. The symptoms were mainly those of headache, abdominal pain and general debility with fever. There was a passing diarrhoea in a number of cases but only one pupil reported recurrent diarrhoea. The situation was complicated by finding some cases of Sonne Dysentery amongst the boys, and in one member of the kitchen staff who had a family connection with

cases in the City. The evidence from investigation was not sufficiently clear to be dogmatic as to the source of infection or the cause of the outbreak. The outbreak involved both kitchen staff and pupils. Nevertheless there was a strong suspicion that the *Salmonella* Typhimurium had originated from imported lamb which had been boned and rolled before cooking. This method of treating imported food needs the greatest care to prevent external contamination from being introduced into the centre of the rolled meat where it is difficult to destroy.

## Veneral Diseases

Special Clinics are provided in East Kent at the following hospitals. The V.D. almoner service is run from the clinics under the direction of the Venereologist.

Canterbury (Kent and Canterbury Hospital)—

Male—Tuesday, 3-4 p.m.

Female—Tuesday, 2-3 p.m.

Dover (Royal Victoria Hospital)—

Male—Monday, 4.30-5 p.m.

Wednesday, 4.30-5 p.m.

Margate (General Hospital)—

Male—Friday, 11 a.m.-12 noon.

Female—Friday, 10-11 a.m.

## Laboratory Services

Public Health Laboratory—Preston Hall, Maidstone.

Public Analytical Laboratory—South-Eastern Laboratory, 33 New Dover Road, Canterbury.

Pathological Laboratory Service—Kent and Canterbury Hospital Laboratory and Preston Hall, Maidstone.

## VITAL AND MORBID STATISTICS

**Population:** Mid-1963—31,030.

<b>Live Births:</b>	Male	251	<b>Illegitimate:</b>	Male	17
	Female	249		Female	14
	Total	500		Total	31

Live birth rate per 1,000 population: 16.1.

Corrected (1.07) for comparison 17.22: England and Wales: 18.2.

<b>Stillbirths:</b>	Male	7	<b>Illegitimate:</b>	Male	3
	Female	6		Female	1
	Total	13		Total	4

Stillbirth rate per 1,000 live and stillbirths: 2.5: England and Wales: 17.3.

Total live and stillbirths: 513.

<b>Infant Deaths:</b>	Male	5	<b>Illegitimate:</b>	Male	—
	Female	6		Female	1
	Total	11		Total	1

Infant Mortality per 1,000 live births (total): 22.0. England and Wales: 20.9.

Infant Mortality per 1,000 live births (legitimate): 21.5.

Infant Mortality per 1,000 live births (illegitimate): 32.3.

Infant deaths under 4 weeks:	Male	3
	Female	4
	Total	7

Under 1 week:	Male	2
	Female	3
	Total	5

Neonatal Mortality Rate per 1,000 live births (total): 10.0.

Illegitimate live births per cent. of total live births: 6.2.

Maternal Deaths (including abortions): Nil.

<b>Deaths:</b>	Male	163
	Female	252
	Total	415

Death rate (all causes) per 1,000 population: 13.3.

Corrected (0.76) for comparison: 10.1. England and Wales: 12.2.

## Infant Deaths

Cause of death showing age and sex	Under 24 hrs.	1 week	1 month	1 year	Total
Congenital Defects	1 F	1 F	1 M	—	3
Respiratory or Upper Respiratory Infection	—	—	1 M	2 M	3
Acute Gastro Enteritis with complication	—	—	—	2 F	2
Prematurity	1 M	—	—	—	1
Atelectasis	—	1 M	—	—	1
Want of attention at Birth	1 F	—	—	—	1
	3	2	2	4	11

## All Deaths by Age Groups.

	Under 4 wks.	4 wks. and under 1 yr.	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	Total
Male	3	2	1	—	1	2	4	10	31	44	65	163
Female	4	2	1	—	—	2	3	10	24	45	161	252
TOTAL	7	4	2	—	1	4	7	20	55	89	226	415

Causes of Death	1962	1963
Tuberculosis of Respiratory System .. ...	1	1
Tuberculosis, Other Forms ... ..	—	—
Syphilitic Diseases ... ..	1	—
Other infective and parasitic diseases ... ..	1	—
Malignant Neoplasm, stomach ... ..	8	6
Malignant Neoplasm, lung and bronchus ... ..	15	13
Malignant Neoplasm, breast ... ..	11	6
Malignant Neoplasm, uterus ... ..	2	1
Other malignant and lymphatic neoplasms ... ..	32	27
Leukaemia and Aleukaemia ... ..	2	4
Diabetes ... ..	1	1
Vascular Lesions of Nervous System ... ..	71	57
Coronary Disease, Angina Pectoris ... ..	90	83
Hypertension with Heart Disease ... ..	16	9
Other Heart and Circulatory Diseases ... ..	75	84
Influenza ... ..	3	4
Pneumonia ... ..	20	40
Bronchitis ... ..	17	21
Other Diseases of Respiratory System ... ..	3	1
Ulcer of stomach and duodenum ... ..	5	2
Gastritis, Enteritis and Diarrhoea ... ..	1	2
Nephritis and Nephrosis ... ..	3	5
Hyperplasia of Prostate ... ..	—	2
Pregnancy, Childbirth and Abortion ... ..	1	—
Congenital Malformation ... ..	3	4
Other defined and ill defined diseases ... ..	22	24
Motor Vehicle accidents ... ..	4	6
All other accidents ... ..	5	7
Suicide, Homicide and War ... ..	5	5
TOTAL ... ..	418	415



# REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1963

---

Public Health Department,  
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the annual report on the health inspection services carried out in 1963.

In the report for 1962 I was able to report that for the first time in seven years there had been a full complement of Inspectors, but I regret to say that for six months in 1963 the department was again below establishment. More disturbing still is the fact that a replacement could not be found at the end of the summer school term for the pupil inspector who left to seek more experience on passing his examination. It is not many years ago that there would have been many applicants for a post such as this. Various reasons could be put forward why a public health inspector's career is not attractive today, but the one thing which is certain is that the security of a "town hall job" in the public health field has no appeal in an age of full employment.

Of the new legislation passed during the year, the Meat Inspection Regulations 1963 and the Offices, Shops and Railway Premises Act 1963 have special significance. The Canterbury Abattoir supplies meat over a large area and every carcase is now stamped by the meat inspector before it leaves the Abattoir. Besides being the shopping area for East Kent, the City contains many offices serving this area and it is obvious that this piece of legislation designed to protect the well-being of shop and office workers will make a considerable demand on the time of the Inspectors.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee and Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Public Health Inspector.

## General Statistics.

Complaints received and investigated ... .. 741

	Houses	Food Premises	Factories
Number of visits ... ..	2865	1123	42
Defects remedied ... ..	257	162	3
Informal Notices sent ... ..	128	113	5
Formal Notices sent ... ..	1	—	—

*Prosecutions.* There were no prosecutions during the year.

### *Warnings*

Two for contraventions of the Fertilisers and Feeding Stuffs Act 1926.

Two for minor contraventions of the Labelling of Food Orders.  
Three for irregularities in food.

## Housing Acts

Number of new houses/units erected in 1963:

1. By the Council ... ..	71
2. By private enterprise ... ..	134
	<hr/>
	205
Houses demolished ... ..	49
	<hr/>
Net increase ... ..	156
	<hr/>

Number of houses in respect of which:

(a) Demolition orders were made ... ..	2
(b) Closing orders were made ... ..	3
(c) Undertakings not to use for human habitation were accepted ... ..	—
(d) Closing orders were determined after houses had been made fit ... ..	4
Houses repaired as a result of informal action ... ..	75
Houses repaired after the service of Statutory Notice under Public Health Act ... ..	7
Houses repaired after service of formal notice under Housing Act—	
(a) by owners ... ..	2
(b) by Council in default of owner... ..	—

Routine housing inspection (apart from Clearance Areas) which was resumed in 1962 could not be continued in 1963 because of staff shortage. This important aspect of the health inspector's work will be started again as soon as possible.

Two cases of overcrowding came to light during the year. One was abated and the other which is in a house in a clearance area will be resolved when the family is re-housed.

There are fortunately no signs of large scale multiple occupation producing the bad conditions found in some towns. There is on the other hand a substantial amount of letting of one or two rooms in houses and these are dealt with when discovered.

There are no common lodging houses in the City.

### **Improvement Grants**

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. 26 houses were inspected and in 22 cases the owners were asked to carry out repairs.

53 applications for Standard Grants were received during the year.

The Standard Grant scheme is administered by this department and the authority given by the Council for me to approve grants where the statutory conditions are fulfilled has reduced the time between application and approval to a minimum. Approval is usually given within a fortnight and in one case it was given in five days.

### **Unfit Housing Programme**

The list of unfit houses prepared in 1955 contained 632 houses and 537 had been dealt with at the end of 1963. As a result of the follow-up detailed inspection of the 537 houses, 27 were re-classified as fit. These were included as "grey" houses in compulsory purchase orders and consequently bought. The detailed inspection of houses mainly adjacent to the 537 referred to indicated in some cases a re-classification in the opposite direction and 93 additional houses have been dealt with under clearance area and closing order procedure. 41 of the houses on which closing orders were placed have been modernised and re-occupied. Most of these have been improved well beyond minimum standards and show what can be done when both ideas and money are adequate.

In 1963 10 clearance areas involving 89 houses were represented and 77 are being dealt with under compulsory purchase order procedure.

Three areas of 29 houses represented in 1962 and in respect of which no appeals were lodged, were confirmed in 1963.

A public enquiry was held in July into the appeals lodged concerning 19 houses in an area of 22 houses. The Minister's decision had not been received at the end of the year.

## Rent Act 1957

	1963	<i>Total to date</i>
No. of applications for certificates ...	1	137
No. of decisions not to issue certificate ...	—	1
No. of decisions to issue certificates ...	1	136
(a) in respect of some but not all defects	1	101
(b) in respect of all defects ...	—	35
No. of undertakings given by landlords ...	1	38
No. of undertakings refused by local authority	—	—
No. of disrepair certificates issued ...	—	90
No. of applications by landlords to local authority for cancellation of certificates ...	—	47
Objections by tenants to cancellation of certificates ...	—	16
Decision by local authority to cancel in spite of tenant's objections ...	—	—
Certificates cancelled by local authority ...	—	34
No. of certificates invalid owing to tenant leaving or house demolished ...	—	44
No. of certificates in operation at end of year	—	13

## Water Supply

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply both as regards quality and quantity. Every house in the area has a piped supply of town's water inside the house.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by Company's sampling would be disclosed.

The Company carry out bacteriological tests three times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 278 parts per million of which 240 is temporary (*i.e.*, deposited on boiling).

Six samples of water from houses in various parts of the area were sent for bacteriological examination and chemical analysis and all were of excellent quality. The Public Health Laboratory reported that B.Coli presumptive were absent in 100 c.c.s.

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Fourteen samples of water were obtained from the Local Authority swimming pools for bacteriological examination and 13 for chemical examination. A new school pool was brought into operation during June and had some "teething troubles". The Headmistress was

advised on two separate occasions that the pool should not be used until the amount of free chlorine in the water was increased and the bacteriological count was lowered. By the end of the year samples indicated that improvements had taken place. In another school, the filtration plant was not working satisfactorily and this gave rise to rather poor bacteriological and chemical examination results, but new nylon filter candles were fitted and subsequent results indicated an improvement.

### Food Supplies

Mr. J. H. E. Marshall, M.A., F.R.I.C., was our Public Analyst throughout the year.

Forty-three formal samples and 59 informal samples were submitted for chemical analysis.

<i>Article</i>	<i>No. of Samples</i>	
	<i>Formal</i>	<i>Informal</i>
Milk ... ..	10	5
Channel Island Milk ... ..	8	—
Milk Powder ... ..	—	4
Butter ... ..	7	—
Cakes/Biscuits ... ..	4	3
Canned Meat ... ..	—	5
Tea ... ..	5	—
Drugs ... ..	—	9
Sweets ... ..	—	5
Mineral Waters ... ..	—	6
Fruit Drinks ... ..	—	3
Ice Cream ... ..	—	4
Pepper ... ..	3	—
Jam and Prepared Fruit ... ..	—	3
Spices ... ..	—	2
Jelly ... ..	—	3
Marzipan ... ..	5	—
Canned Vegetables ... ..	—	2
Sausages ... ..	1	1

and one each of the following:—canned hot pot, curry powder, pease pudding, and prepared herrings.

All except 2 were satisfactory, and these were:—

No. 2,005. Hazel nut slices. The Analyst reported “A long search had to be made before any hazelnut was found in these cakes. The cream filling was made with a very small quantity of finely ground nut paste. The hazel nut flavour was not particularly noticeable and in my opinion the amount of hazel nut present was insufficient.” The manufacturer was notified and the nut content was increased.

No. 2,052. Skimmed milk block (a type of chocolate). The Analyst reported: “Exception can be taken to the



label on the grounds that one of the ingredients is declared as H.P.K.O. and "skimmed milk powder" is in print approximately twice the size of the remainder, although it is third in order of magnitude". The manufacturer agreed to amend the labels.

The milk from 9 dairy herds was tested for the presence of antibiotics and all were free.

The average composition of the 15 samples of milk (excluding Channel Island milk) was 3.71% fat and 8.68% solids-not-fat. The minimum standards are 3% and 8.5%.

### Public Health (Preservative in Food) Regulations

All the samples in the preceding table were examined and no contraventions were noted.

### Food Hygiene

Types of food premises in the area:—

					<i>Inspections</i>
Schools and Works Canteens	...	...	28	}	324
Restaurants and Cafes	...	...	66		
Butchers	...	...	35		159
Bakers and Confectioners	...	...	22		67
Grocers	...	...	80		288
Fried Fish Shops	...	...	6		9
Wet Fish Shops	...	...	7		36
Sweet Shops	...	...	26		27
Licensed Premises	...	...	88		37
Greengrocers	...	...	20		40
Dairies	...	...	5		44
Other food premises	...	...	2		15

Number of registered premises:—

Dairies	...	...	...	...	5
Premises from which bottled milk is sold	...	...	...	...	30
For the manufacture of ice cream	...	...	...	...	3
For the sale and storage of ice cream	...	...	...	...	108
For the preparation of sausages or processed food	...	...	...	...	35

Nearly every grocer's shop, however small, now has a frozen food cabinet selling a variety of foods. This provides the housewife with a very convenient method of shopping—but there are disadvantages from a health point of view. Freezing will not normally kill bacteria, merely keep them dormant. It is essential that the cabinet should be serviced regularly so that the requisite low temperature is always maintained. Food which has thawed out should never be re-frozen and sold.

Points which many retailers overlook are:—(1) the necessity of regular defrosting of the cabinet. Unless this is done the cabinet operates at a higher temperature than it should and uses more electricity. (2) The proper rotation of stock; earliest deliveries should be sold first. Even frozen foods deteriorate—some much more rapidly than others—after prolonged storage. Cabinets should

present an orderly appearance and not look like a stall at a jumble sale—as has been noticed—this makes stock rotation much easier. (3) Storing frozen food in the cabinet above the load line marked on the cabinet; food above this line will not be at the required low temperature and may deteriorate rapidly.

During the year an investigation was carried out into the handling of meat products, *e.g.*, sausages and meat pies, that are delivered from factories outside Canterbury to shops in the City. Large vehicles bring the products from the factory to points in the City where they are transferred to smaller delivery vehicles. As a result of this investigation various improvements resulting in more hygienic handling of the meat products has been brought about.

Efforts were made during the year to persuade proprietors of cooked meat shops to cease using spiked labels for displaying descriptions and prices. Such labels are difficult to clean and there is some evidence to suggest that they act as reservoirs for bacteria. Some of the larger firms have already ceased using such labels but with some people it was found that a very old custom dies hard and it was difficult to convince them of the possible dangers of using spiked labels.

Nine complaints were received concerning irregularities in food and the following action was taken:—

1. Bread roll alleged to contain matchstick. The Analyst reported “It is probable that this matchstick was baked in the roll, but the possibility of the matchstick having been pushed into a hot roll after it had been baked cannot be excluded”. No further action.
2. Fruit cake alleged to contain piece of glass. An investigation revealed that the complainant was an elderly short-sighted person and there was a strong suspicion that the glass had come from an article in the house. No further action.
3. Dirt on interior of milk bottle. When tested the bottle was sterile. Warning to dairyman.
4. Tinned grapefruit with yellow particles adhering to the fruit. These were naringen crystals, a natural ingredient of the grape fruit contributing to the bitter taste.
5. Piece of rust in loaf. Warning to baker.
6. Dark sediment in bottle of stout. The black particles were derived from the stopper. Brewer notified.
7. Dried milk containing dark specks. These were particles of over-heated milk. Manufacturer notified.
8. Small patch of mould on apple turnover. Shopkeeper warned.
9. Haricot beans alleged by kitchen staff to have a “soapy” taste when cooked. Analyst reported “Faint odour possibly due to sacking. Taste was faintly soapy. Could be due to combination of poor storage and cooking in a soapy utensil”.

### Inspection of Food

Meat from the Council owned abattoir is distributed over most of Kent and into adjoining counties.

The abattoir has been officially recognised by the German authorities for the export of meat and meat products to the Federal Republic of Germany. During the year pig and sheep carcasses were exported to France and sheep carcasses to Belgium.

The Meat Inspection Regulations 1963 came into force during the year making it obligatory to inspect all meat and for all carcasses that have been inspected and passed as fit to be marked. The figures for the number of animals killed show a slight fall on the previous year, mainly accounted for by the fairly substantial fall in the number of pigs killed. The numbers of animals killed during the year were in excess of the average for the five years 1959-1963—the only animals showing a fall were pigs, a 3% fall over the 5-year average. The fall in the number of pigs slaughtered was common throughout the country.

	Cattle Exclud- ing Cows	Cows	Calves	Sheep	Pigs
Number killed .. ...	7,460	1,035	1,746	20,921	17,421
Number inspected .. ...	7,460	1,035	1,746	20,921	17,421
Figures for 1962 .. ...	8,168	1,083	2,163	19,988	20,417
Figures for 1961 .. ...	8,903	1,099	1,751	20,001	17,802
<b>All diseases except T.B. and Cysticercus bovis</b>					
Whole carcasses condemned	2	5	19	41	102
Carcasses of which some part or organ was condemned	2,661	440	21	1,351	4,832
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus bovis ...	35.69	42.99	2.29	6.66	28.32
<b>Tuberculosis only .. ...</b>					
Whole carcasses condemned	1	1	—	—	—
Carcasses of which some part or organ was condemned	18	10	—	—	417
Percentage number inspected affected with T.B. ...	0.25	1.06	—	—	2.39
<b>Cysticercus bovis</b>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	7	—	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...	0.09	—	—	—	—



# CARCASES FOUND TO BE UNFIT.

(B=Bovines, C=Calves, S=Sheep, P=Pigs).

	B	C	S	P
Tuberculosis .. .. .	2	—	—	—
Septicaemia/Pyaemia .. .. .	—	4	2	20
Septic Pneumonia .. .. .	—	2	1	1
Septic Pleurisy .. .. .	—	—	—	5
Septic Peritonitis .. .. .	—	—	1	5
Pregnancy Toxaemia .. .. .	—	—	1	—
Mastitis .. .. .	—	—	—	1
Uraemia .. .. .	—	—	—	1
Leukaemia .. .. .	1	—	—	2
Multiple Tumours .. .. .	—	—	1	—
Injuries with complications .. .. .	—	—	—	14
Extensive Bruising .. .. .	—	—	—	6
Emaciation and Oedema .. .. .	5	1	27	15
Immaturity .. .. .	—	11	—	19
Moribund .. .. .	—	1	8	6
Pyelonephritis .. .. .	—	—	—	2
Swine Erysipelas .. .. .	—	—	—	3
Decomposition .. .. .	—	—	—	2
Acute Anaemia .. .. .	1	—	—	—
Totals .	9	19	41	102

Parts of carcasses and offal found to be unfit on account of:—

Tuberculosis	...	...	...	...	5,336 lbs.
Fascioliasis	...	...	...	...	29,503 lbs.
Cirrhosis	...	...	...	...	2,899 lbs.
Abscesses	...	...	...	...	6,961 lbs.
Pneumonia, pleurisy, pericarditis and peritonitis	...	...	...	...	4,213 lbs.
Actinomycosis	...	...	...	...	1,466 lbs.
Cysts and parasites	...	...	...	...	8,383 lbs.
Cysticercus Bovis	...	...	...	...	130 lbs.
Miscellaneous conditions	...	...	...	...	9,722 lbs.

			Total	...	68,613 lbs.
Weight of carcasses condemned	...	...			16,700 lbs.
Total weight of condemnation	...	...			85,313 lbs.

A detailed examination of every bovine carcass was made to discover the presence of cysticercus bovis, which is the larval state of the tape-worm *Taenia saginata* found in man. Seven localised infestations (0.09% of animals slaughtered) were found and an analysis of these cases is as follows:—

				Cows	Heifers	Steers	Bulls
Site of lesion:—							
External Masseter	...	...		—	—	4	—
Internal Masseter	...	...		—	1	—	—
Heart	...	...	...	—	1	1	—
Diaphragm	...	...	...	—	—	—	—

Percentage of animals affected by tuberculosis based on the total number of animals entering the abattoir.

			Cattle excluding Cows	Cows	Pigs
1963	...	...	0.25	1.06	2.39
1962	...	...	0.55	2.22	2.94
1961	...	...	1.43	10.65	2.86
1960	...	...	2.7	4.7	3.5

During the year 59 cattle which had reacted to the Tuberculin Test carried out by the Ministry's Veterinary Surgeons were sent in for slaughter. This is a decrease of twelve over the previous year. During the last six years over 1,200 cattle have been slaughtered at the Abattoir in connection with the tuberculosis eradication scheme. The numbers are gradually falling. In 1958 reactors accounted for 9.6% of the total cattle killed at the Abattoir while last year the figure was 0.7%.

An interesting point arising from the eradication of tuberculosis in bovines is that during the year there were "breakdowns" in two dairy herds—one a pedigree herd. A "breakdown" meaning that although the herds had had the routine six monthly tests for some time and had shown no reactors, suddenly as a result of a test a large percentage of the animals was found to be reactors and had to be slaughtered.

The incidence rate of tuberculosis in bovines continues to fall and if the 59 reactor cattle were excluded from the above figures the rate of normal entry cattle would be:—

Cattle excluding Cows 0.12%. Cows 0.19%.

Any occurrence of tuberculosis found in cattle other than reactors is telephoned to the Animal Health Divisions of the Ministry, so that an immediate visit can be made to the farm concerned. This co-operation between this department and the Animal Health Division is an important factor in the ultimate object of eradicating completely tuberculosis from cattle in this country.

The meat and other food found to be unsound on inspection in food shops amount to 7,577 lbs.

Meat ... ..	2,031 lbs.
Canned Meat ... ..	1,605 lbs.
Fish ... ..	256 lbs.
Canned fish ... ..	93 lbs.
Other foods ... ..	3,592 lbs.

The unsound meat from the Abattoir, with the exception of pork which is converted into fertiliser, is sold to a pig keeper, who has undertaken to boil the meat before feeding it to his pigs. This pig farm is not in the City area, but the local authority concerned is aware of the arrangements. The unsound tinned food and fish is buried on the controlled refuse tip.

## Milk

There are five milk retailers in the City and 30 general shops are registered for the sale of sterilised and/or pasteurised milk.

All the milk sold by retail, with the exception of a few pints of tuberculin tested sold by a producer-retailer, is either pasteurised or sterilised. The untreated milk comes from an adjoining district, and as the local authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry

out any testing for the presence of tuberculin bacilli and *Brucella abortus*.

Three firms are licensed by the City Council to pasteurise milk. One of the two with H.T.S.T. plants gave up business early in the year and the other has a holder type plant. 82 samples were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality at the point of delivery to the retailer (methylene blue test). All the phosphatase tests were satisfactory, but 4 samples from one dairy failed the methylene blue test. In the investigation into the failures, 33 washed bottles were submitted to bacteriological examination and 2 churn rinses were obtained. 5 of the bottles and the churn rinses were unsatisfactory and discussions were going on with the firm at the end of the year. Two churn rinses and 6 washed bottles from another dairy were checked and these were satisfactory.

Late in the year testing began on farm milk for the presence of antibiotics. The milk from 9 dairy herds was checked and all were free from antibiotics.

It should be mentioned that a local dairy instituted during the year bulk tank collection of milk from Kent farms for part of their supply. This does away with churns and it should be beneficial in two ways (a) no noise from churn handling and (b) elimination of bacterial contamination from churns.

*Milk in Schools Scheme*

All the milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

*Milk (Special Designation) Regulations*

The following licences granted by the City Council were in operation at the end of the year:—

To pasteurise milk	...	...	...	...	2
To deal in pasteurised milk	...	...	...	...	24
To deal in sterilised milk	...	...	...	...	15
To bottle tuberculin tested milk	...	...	...	...	1
To deal in tuberculin tested milk	...	...	...	...	3

**Ice Cream**

Of the total of 41 methylene blue samples taken during the year, forty were graded in the category one or two, and only one in the category three or four. This was a very satisfactory result and the best that has been achieved since this type of sampling began. Sampling was again on a selective basis, *i.e.*, principally local manufacturers and restaurants and hotels selling “bulk” ice cream. The advice given in previous years by the Department regarding the proper cleaning and sterilising of equipment has obviously borne fruit.

There are three premises registered for the manufacture and sale of ice cream, two for the storage of ice cream and 106 for the sale of ice cream.

Four applications were received in 1963 for the registration of premises for the sale of ice cream.

Forty-one samples submitted to the methylene blue test for bacterial cleanliness were classified as follows:—

				<i>Figures for comparison</i>			
				1963	1962	1961	1960
Grade 1	...	...	33	39	19	16	
Grade 2	...	...	7	10	13	12	
Grade 3	...	...	1	5	5	9	
Grade 4	...	...	—	4	1	5	

### Public Houses

These premises were re-visited during the year when attention was given to glass washing, cleanliness and sanitary accommodation. As a result of action taken some 11 years ago all have proper glass washing facilities but the tarred wall urinal accommodation in 34 premises was considered to be obsolete and insanitary and the City Council asked the owners of these premises to modernise the accommodation by the end of 1963. Eight houses were improved and action to be taken regarding the 26 houses with defective urinal accommodation was under consideration at the end of the year.

### Health Education

The Inspectors, realising the importance of health education, emphasize the most important points during visits to food premises. This subject is always popular in talks to groups of townspeople and no opportunity to take part in these discussions is lost.

In previous years exhibitions dealing with flies, food hygiene, and improvement grants have been organised, but no exhibition was held in 1963. I am of the opinion that it is better to have as large an exhibition as possible at two or three year intervals rather than a smaller and less costly annual one.

### Shops Act, 1950

The department is responsible for the following matters under the Act; ventilation, heating, sanitary conveniences, lighting, washing facilities and facilities for taking meals.

Sixty shops were inspected and apart from some minor defects which were attended to, they were found to be satisfactory.

What might be termed the health and welfare sections of the Act will be repealed in 1964 by the Offices, Shops and Railway Premises Act 1963, which, as its title implies, will have the effect of controlling for the first time the working conditions of a substantial



section of the adult population.

We have in our inspection of shops found some where the conditions have been improved to a very high standard by the employers without any prompting by the department. We know others which require to be brought up-to-date, but it is in the office accommodation where most of the work will lie.

It might be thought that this new legislation is two or three decades behind time, but it is evident that this new Act will certainly now bring to a good standard the conditions of the non-industrial workers.

### **Noise Abatement Act, 1960**

Certain nearby residents of a factory working day and night persisted in their complaints, which began in 1962, that the noise emitted from the factory constituted a nuisance. It was obvious that aural observation was not sufficient to decide whether the noise was in fact a nuisance and permission was sought to buy a sound level meter. In the meantime, a meter was borrowed and the readings obtained showed that there was no nuisance during the day-time. At night-time the readings were only slightly below the noise level when complaints might be expected and consequently the proprietors of the factory were asked to explore further noise suppression measures. In fact, the firm sought advice from an acoustic consultant who made recommendations and this work was in progress at the end of the year.

Permission was obtained to buy a sound level meter and it is planned to make a much more detailed investigation in 1964.

Two other much less serious complaints will be investigated when the department has its own sound level meter.

### **Clean Air Act**

It had been hoped that some atmospheric pollution measurement would be commenced during the year. The Sanitary and Licensing Committee authorised the necessary expenditure and preliminary discussions were held with the national co-ordinating body, the Department of Industrial and Scientific Research, but the Finance Committee deferred the expenditure on grounds of economy. It is felt that the measurement of atmospheric pollution is a worthwhile and valuable part of the Health Department's functions. Although there is little industry in Canterbury, it must be borne in mind that the major part of atmospheric pollution is caused by the ordinary domestic fire which is notoriously inefficient compared with modern industrial furnaces. For each ton of coal burnt domestic chimneys produce twice as much smoke as industry and discharge at a lower level.

Air pollution is most harmful because of its action on the respiratory system and there is increasing evidence to suggest that

it is a contributory factor in the causation of cancer of the lung.

Seventeen smoke observations were carried out during the year on two industrial chimneys.

One contravention was recorded and after a warning had been given some improvement took place.

Details of 1 new boiler installation were received and approved under Section 3 (2).

**Public Health Act, 1961**

Six certificates were issued under Section 15 where immediate action was necessary by the Council to open up blocked sewers. In these cases the owners of the premises served by the sewers are responsible for the maintenance of sewers and the certificate referred to dispenses with the need to serve a 7 days' notice prior to carrying out work.

**Diseases of Animals Acts**

Nine licences granted by the Council under the Diseases of Animals (Waste Foods) Order, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order.

**Slaughter of Animals Act, 1958**

The Council issued 18 slaughtermen's licences during the year and 3 of the licences include the slaughter of horses.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter are strictly complied with.

No Jewish or Mohammedan methods of slaughter are carried on in the City.

**Caravans**

There are no licensed caravan sites in the City.

**Fertilisers and Feeding Stuffs Act, 1926**

Twelve samples of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist and the following three were not satisfactory:—

	Oil	Declared Protein	Fibre	Oil	Found Protein	Fibre
Diary High Yield Nuts ... ..	5.5%	18.0%	4.5%	4.3%	17.3%	3.6%
Farmix Sheep Pellets ... ..	2.75%	30.0%	4.75%	4.2%	22.1%	4.0%
Diary High Yield Nuts ... ..	5.5%	18.0%	4.5%	4.65%	17.5%	3.7%

Both samples of high yield nuts were deficient in oil and the sheep pellets, which was an informal sample, was, according to the Analyst, nothing like what was declared. Warnings were given and follow-up formal samples were satisfactory.

One sample of tannery waste for use as a fertiliser was obtained at the request of the purchaser.

### **Rag Flock and other Filling Materials Act, 1951**

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customers' own articles, and the filling materials used for this work are not now subject to control. No samples were taken in 1963.

### **Dustbins**

The scheme adopted in 1950 for the Council to supply dustbins at a rental was continued. Since 1957 the rental has been 7/- per year and at the end of 1963, 2,918 bins had been supplied. During 1963, 153 new dustbins were supplied.

The changing pattern in living standards is suspected as having an influence on the amount and type of refuse put out for collection. This applies particularly where empty cardboard food containers and tins are put in the dustbin without any attempt being made to consolidate the refuse. As a result there appears to be an increasing number of cases where the 2 cu. ft. dustbin is not proving to be of adequate size for a once a week refuse collection.

The use of larger bins is not a satisfactory answer so long as occupiers have to bring out the bins on to the public footpath to await collection. Many people, particularly the elderly, find that even the 2 cu. ft. metal bin is a problem when full.

If the public footpaths are to have a tidy appearance on refuse collection days, there appears to be a choice between: first, providing more than one bin; second, a larger size bin provided that the refuse collectors pick up the bin from the house, and thirdly, and this is the only really satisfactory solution, twice a week collection of refuse. This will certainly increase the cost of refuse collection, but not so much as at first thought and there is an important hygienic advantage to be gained, particularly in summer.

In an age of rapid improvement in living conditions it is easy to overlook some of the old problems. House flies and blow flies are still associated with disease, and dustbin contents removed but once weekly permits an undisturbed breeding cycle in warm weather. Further, it is a fact that dustbins are almost invariably sited close to the kitchen and that lids frequently do not fit securely. It is for these reasons that a twice a week collection is the real answer and that the extra cost involved may not prove to be exorbitant bearing in mind the advantages to be gained.

## **Infectious Diseases, etc.**

113 visits were made and 4 houses were fumigated on account of tuberculosis or scarlet fever.

## **Foul Linen Service**

The part-time rodent operator also assists in the foul linen service which is operated by the Council to help elderly ailing people. The work involved is checking the articles for the laundry; taking the clothing to the Nunnery Fields Hospital Laundry and returning the clean clothing to the owners. 1,504 bundles of clothing were handled in 1963.

## **Knackers Yard**

One building is licensed by the Council for the slaughter of horses and other animals. Only a small trade is carried on. All animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

## **Verminous Houses**

Eighteen houses were found to be verminous and were disinfested by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses was continued, but owing to staff shortage in part of the year it was not possible to inspect the furniture and effects of all the prospective tenants. As in the past, each house, whether old or new, is given a precautionary spraying with insecticide before occupation commences and in the year 267 such sprayings were done.

The staff carried out 23 fumigations to rid premises of wasps' nests.

## **Rodent Control**

One part-time Rodent Operator is employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

Complaints were received in connection with 241 premises, 184 of which were in respect of private houses, 35 business premises, 16 Local Authority properties and 6 agricultural properties. During the investigation into complaints 41 additional infestations were discovered. This was a substantial increase over the previous year and towards the end of the year the part-time Rodent Operator was so hard pressed to deal with complaints that assistance had to be sought from the City Engineer's Department.

The fact that we have only one part-time operator means that our work in rodent control is not being carried out as efficiently as one would wish. The operator has no time to carry out surveys and is hard pushed to keep day to day complaints under control.



Visits to houses	...	...	...	...	637
Visits to other premises	...	...	...	...	231

Number of premises cleared:—

*Rats*

Houses	...	...	...	...	200
Business premises	...	...	...	...	32
Other premises	...	...	...	...	22

*Mice*

Houses	...	...	...	...	16
Business premises	...	...	...	...	7
Other premises	...	...	...	...	3

Two maintenance treatments of the sewers were carried out in April and May and it would appear that the number of rats is being kept at a very low level.

No charge is made for rodent extermination in house property but a charge for the work done in business premises based on time spent and cost of materials is made to the occupier.

### Agriculture (Safety, Health and Welfare Provisions) Act, 1956

Seven farms were inspected and the sanitary accommodation for employees was found to be reasonably satisfactory.

## FACTORIES ACTS, 1961

### 1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	24	10	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	158	32	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	4	—	—	—
TOTAL	182	42	3	—



## Cases in which Defects were Found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness .. ..	—	—	—	—	—
Overcrowding .. .. .	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation .. ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient .. .. .	—	—	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	—	—	—
<b>TOTAL .. ..</b>	<b>3</b>	<b>3</b>	<b>—</b>	<b>—</b>	<b>—</b>

## Part VIII of the Act. Outworkers

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel: Making, etc. ...	9	—	—	—	—	—
Cleaning and Washing ...	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—
Curtains and furniture hangings ...	2	—	—	—	—	—

# REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER 1963

---

Mr. Chairman, Ladies and Gentlemen,

The report of the work done by the School Health Service in 1963 is presented and includes the report from the Canterbury Child Guidance Clinic. This clinic reduced its catchment area during the year as a result of the establishment of a Child Guidance Clinic by Kent County Council to serve the Dover and Folkestone area. A further shrinkage will take place with the opening by Kent in 1964 of a clinic to serve the Thanet area.

Since 1944 the Canterbury Child Guidance Clinic has served a wide area of East Kent well beyond the bounds of the City or the St. Augustine's Educational Division of the County. Originally established in 1943 to meet the need to help the problems of children in difficulties from war-time disturbance of family life, it became an accepted and valuable part of the post-war School Health Service. The Education Committee was liberal in attitude to access and, even before the implementation of the National Health Service in 1948 developed the relationship of the School Health Service to Specialist and family doctor services, referrals were accepted from outside the School Health Service and from outside Education Authority Schools. The metamorphosis of the psychiatrist from a local education authority employed specialist to a specialist under contract to the Regional Hospital Board passed practically unnoticed except by the Finance Department, and the Child Guidance Clinic took its place naturally in a co-ordinated service for children in the area.

Thus for 20 years the Canterbury Child Guidance Clinic has served this end of Kent. The development of the two new clinics by Kent County Council has brought a better coverage by Child Psychiatry, and will allow Dr. Fraser to develop the service based on the clinic. This has already shown itself in the meetings with Health Visitors, Probation Officers and Child Care Officers, and will in time show an association with other facilities available through the hospital service.

The general work of the School Health Service has continued as before, and no modification has yet been made in the routine of medical inspection. The dental inspection suffered during the year from staff shortage through sickness but the coverage for treatment was maintained.

Efforts are being made to arrange more frequent medical officer's visits to schools for although the liaison between schools and the school clinic is close and frequent, the opportunities for discussion between doctor and head teacher could be increased with advantage to all concerned.

MALCOLM S. HARVEY.

## General Information

*Number of Schools:* Primary 9, Secondary 4, All age 1.

*Number of Scholars on the Roll at end of 1963:*

Primary	...	...	...	...	...	...	2,507
Secondary	...	...	...	...	...	...	2,208
All age	...	...	...	...	...	...	417

---

Total	...	...	...	...	...	...	5,132
-------	-----	-----	-----	-----	-----	-----	-------

*Pupils medically examined:*

Routine	...	...	...	...	...	...	1,493
Special	...	...	...	...	...	...	1,041

---

Total	...	...	...	...	...	...	2,534
-------	-----	-----	-----	-----	-----	-----	-------

---

Details of the findings from such medical inspections are given in Tables S.2 below. Tables S.3-S.6 show treatment details and the findings from School Nurses' hygiene inspections. No formal proceedings were necessary in the case of any children.

## Vision

The commonest form of defect identified is a defect of vision. The routine inspection of 1,493 pupils disclosed 89 cases requiring attention of which 11 were cases of squint, a total of 6% of pupils. An additional 10% were kept under observation because of corrected defect or marginal finding.

## Hearing Defects

The watch for hearing defect is a valuable contribution to a child's educational welfare. Arising from damage through middle ear infection, or perhaps missed by parent or health visitor before school entry, if found early in school years and treatment, correction or special class arrangements instituted, the pupil can be protected from suspicion as dull, difficult or dreamy and emotional stresses that may result. Eighty-three children were brought under observation and twelve under treatment as a result of routine inspection of hearing. Fifty-eight pupils were referred from special inspections for full investigation or treatment.

Twelve children were already using hearing aids and three more children were provided with them by the Hospital Audiology Centre during the year. Ninety-six children are listed on the audiometry register for periodic follow up.

## Speech Therapy

Referrals in 1963	...	...	...	...	...	21
Awaiting treatment (50)						
Under treatment	...	...	...	...	...	20

Cases discharged	...	...	...	...	...	11
Closed good progress	...	...	...	...	...	9
Left district	...	...	...	...	...	1
Left school	...	...	...	...	...	1

The Kent County Speech Therapy Clinic in Whitstable Road treats Canterbury cases.

### Lip Reading

A class for children with hearing defect, including cases with hearing aids in need of lip reading support is held each Saturday morning by a specialist teacher of the deaf. Cases from the surrounding County are received, and the Consultant in charge of the Audiology Centre Kent and Canterbury Hospital advises on cases needing such help. One Canterbury case and ten County cases were in attendance in the year.

### Nose and Throat

Our attitude to tonsils is conservative. Only three cases were referred to the E.N.T. department. Seventy-seven pupils were known to have received operative treatment for adenoids or tonsils and ten for other conditions of nose or throat during the year. The difference is not significant as cases of nose and throat troubles are referred to the family doctor in the first instance and only later referred to the specialist if our duty to seek treatment has to be exercised.

In two-thirds of the routine medical inspections a history of tonsil removal or otherwise was recorded, with age of removal where accurately recalled. In 133 or 13.5% of these 990 pupils tonsillectomy has been endured. The age distribution of operative treatment in the 110 out of 133 in which the age could be recalled was:—

Under 5 years	...	...	...	...	...	9
Age 5 years	...	...	...	...	...	23
Age 6 years	...	...	...	...	...	24
Age 7 years	...	...	...	...	...	28
Age 8 years	...	...	...	...	...	14
Age 9 years	...	...	...	...	...	4
Age 10 years	...	...	...	...	...	1
Age 11 years and over	...	...	...	...	...	7

### Actino Therapy

U.V.L. treatment is still used in a few cases in winter and spring term but extreme weather and power cuts cancelled so many sessions that only five cases were helped.

**Protective Inoculations and B.C.G. Vaccination** are reported upon in the Medical Officer of Health section of the report.

## Minor Ailments

These are treated in the School Clinic and the treatment rooms of two outlying secondary schools—4,011 attendances were recorded.

## Colour Vision Defects

All boys are colour vision checked at age ten or in the Secondary Schools if not recorded as having been checked. For the next years girls will be included, although this defect is about twenty times more uncommon in the female sex.

## Bed Wetting

Electric bell and pad sets are issued on loan after examination and observation of the cases over a period of simpler routine.

Twenty-two cases were loaned the sets. Two left the district before completion of three months' use, six failed to improve, four improved and ten were completely cured.

## School Dental Service

*Principal Dental Officer:*

Mr. P. B. Taylor, L.D.S., R.F.P.S.G.

**Table of Dental Inspection and Treatment**

(1)	Number of children inspected by Dentist needing treatment:	...	...	...	...	...	...	1,932
	Specials	...	...	...	...	...	...	332
	Total Routine and Special Examinations	...	...	...	...	...	...	2,964
(2)	Routine examination not needing treatment	...	...	...	...	...	...	1,031
(3)	Number actually treated	...	...	...	...	...	...	1,143
(4)	Attendances made by children	...	...	...	...	...	...	2,385
(5)	Half-days devoted to: Inspection	...	...	...	...	...	...	22
	Treatment	...	...	...	...	...	...	405
	Total	...	...	...	...	...	...	427
(6)	Fillings: Permanent Teeth	...	...	...	...	...	...	566
	Temporary Teeth	...	...	...	...	...	...	41
	Total	...	...	...	...	...	...	607
(7)	Extractions: Permanent Teeth	...	...	...	...	...	...	543
	Temporary Teeth	...	...	...	...	...	...	577
	Total	...	...	...	...	...	...	1,120
(8)	Administration of:							
	General Anaesthetics for extractions	...	...	...	...	...	...	524
	Local Anaesthetics for extractions	...	...	...	...	...	...	39
	Total	...	...	...	...	...	...	563
(9)	(a) Other treatment (Scalings, Polishings)	...	...	...	...	...	...	104
	(b) Silver Nitrate or dressings	...	...	...	...	...	...	928
	Total	...	...	...	...	...	...	1,032



## Dentures

Partial Dentures provided	...	...	...	...	...	18
Full Dentures	...	...	...	...	...	1
Additions to existing plates	...	...	...	...	...	—
Repaired	...	...	...	...	...	—
(13 dentures were for immediate insertion following extractions)						

## Orthodontic Treatment

New cases commenced	...	...	...	...	...	26
Cases carried forward...	...	...	...	...	...	57
Cases completed	...	...	...	...	...	25
Cases discontinued	...	...	...	...	...	2
Pupils treated with appliances	...	...	...	...	...	17
(Removable appliances	...	17)				
Fixed appliances	...	Nil)				
Total Attendances	...	...	...	...	...	190
Number of Radiographs	...	...	...	...	...	19

## Dental Examinations at Training Centre

(Under Health Committee)						
Examined	...	...	...	...	...	24
Found fit	...	...	...	...	...	9
Treatment	...	...	...	...	...	15
(Remainder absent or impossible to examine)						
Treatment completed	...	...	...	...	...	3

## Milk and Meals

School Milk, 3,822 children. School Dinners, 3,334. Meals provided free of charge to 241 children.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Med. Examined	Satis- factory		Unsatis- factory	
		No.	%	No.	%
Entrants - -	419	410	97·9	9	2·1
Intermediates	505	492	97·5	13	2·5
Leavers - -	201	190	94·6	11	5·4
Other - - -	368	358	97·3	10	2·7
Total - - -	1,493	1,450	97·1	43	2·9

TABLE S.2.

Defects found by Medical Inspection in the year ending  
31st December, 1963

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment  (2)	Requiring to be kept under observation, but not requiring treatment  (3)	Requiring treatment  (4)	Requiring to be kept under observation, but not requiring treatment  (5)
4	Skin .. .. .	13	38	8	34
5	Eyes (a) Vision ..	78	146	127	273
	(b) Squint ..	11	8	4	14
	(c) Other ..	—	31	28	11
6	Ears (a) Hearing ..	7	73	64	53
	(b) Otitis Media ..	5	6	1	2
	(c) Other ..	—	4	—	3
7	Nose and Throat ..	7	32	5	23
8	Speech .. .. .	8	10	13	29
9	Cervical Glands ..	—	7	—	5
10	Heart and Circulation ..	2	12	3	22
11	Lungs .. .. .	4	9	1	23
12	Developmental—				
	(a) Hernia ..	4	3	1	—
	(b) Other ..	9	20	12	10
13	Orthopædic—				
	(a) Posture ..	—	7	3	5
	(b) Flat foot ..	7	36	3	10
	(c) Other ..	4	30	8	13
14	Nervous System—				
	(a) Epilepsy ..	3	1	1	6
	(b) Other ..	3	16	21	12
15	Psychological—				
	(a) Development ..	3	11	10	14
	(b) Stability ..	3	13	11	20
16	Abdomen .. .. .	1	5	2	—
17	Other .. .. .	9	40	6	12
Total Number of Children Inspected .. .. .		1,493		1,041	
Number of Children represented in figures above ..		729		884	

NOTE—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3  
MINOR AILMENTS TREATED  
(excluding Uncleanliness shown in Table S.6)

							No. of Defects Treated or under treatment during the year
SKIN:							
Ringworm—Scalp:							
(1)	X-ray treatment	...	...	...	...	—	
(2)	Other treatment	...	...	...	...	—	
	Ringworm—Body	...	...	...	...	—	
	Scabies	...	...	...	...	—	
	Impetigo	...	...	...	...	—	
	Other skin diseases	...	...	...	...	201	
EYE DISEASES		...	...	...	...	76	
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)							
EAR DEFECTS		...	...	...	...	27	
(Treatment for serious diseases of the ear is not recorded here)							
Miscellaneous		...	...	...	...	691	
						<hr/>	
						995	

Total number of attendances at Authority's  
minor ailments clinics ... .. 4,011

TABLE S.4  
TREATMENT OF DEFECTIVE VISION AND SQUINT  
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors of Refraction and Squint dealt with	...	...	...	207
Other Defects or Diseases of the Eye	...	...	...	83
No. of children for whom spectacles were prescribed	...	...	...	136

TABLE S.5

Defects which received operative treatment (through Education Committee arrangements)	...	...	...	—
---	-----	-----	-----	---

TABLE S.6  
GENERAL HYGIENE

(1) Average number of visits per school made by School Nurses	...	...	...	...	...	35
(2) Home visits made as School Nurses	...	...	...	...	...	362
(3) No. of Individual Children found with nits	...	...	...	...	...	26
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	...	...	...	...	...	Nil
(5) No. of cases in which legal proceedings were taken	...	...	...	...	...	Nil
(6) Total individual examinations of pupils in school by school nurse	...	...	...	...	...	7,521

# Handicapped Pupils.

	On Register		Newly assessed as needing special education treatment	Newly Placed	Newly Placed (Assessed prior Jan. 1963)	Requiring Special Schools	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools	On Registers - Boarding Schools		
	Male	Fem.							Maintained Schools	Non-Maintained Sch'ls	Independent Schools
Blind ...	—	—	—	—	—	—	—	—	—	—	—
Partially-sighted ...	3	—	—	—	—	—	—	—	—	—	—
Deaf ...	2	—	1	1	—	—	—	—	—	2	—
Partially-Deaf ...	—	—	—	—	—	—	—	—	—	—	—
Physically Handicapped ...	4	4	1	—	—	—	—	—	1	2	—
Delicate ...	12	10	2	2	1	—	—	—	1	4	—
Maladjusted	4	1	1	1	6	—	—	—	—	3	—
E.S.N. ...	37	17	8	—	—	10	—	3	9	4	—
Epileptic...	1	—	1	—	—	—	—	—	—	2	—
Speech Defects ...	—	—	—	—	—	—	—	—	—	—	—

# CANTERBURY CHILD GUIDANCE CLINIC

## ANNUAL REPORT, 1963

During this year the Clinic has again had a number of Staff changes, with the resignations of Dr. Barlow and Dr. Lomax-Simpson who had been assisting for short periods following the death of Dr. Huband, and, in July, the resignation of Dr. Turle who had been closely associated with the Clinic for many years. Dr. Fraser was then appointed to give nine sessions a week, as from the beginning of August. Our part-time social worker, Mrs. Newman, resigned in December, and Mrs. Thomas was replaced by Mrs. Clarke as part-time clerk in September.

Attempts are being made to integrate the work of the Clinic more closely with that of the social agencies in the City, and meetings have been held with the Health Visitors, Child Care Officers and Probation Officers, and the assistance and co-operation of all who have made this possible is gratefully acknowledged.

The area of the Clinic changed with the opening in April of the Clinic at Dover, and the cases from that area on our waiting lists were then transferred, as shown in Table 4. The attached tables show no significant change in emphasis or distribution of cases during this year, except that the waiting list has been substantially reduced.

### STAFF

#### Consultant Psychiatrists:

C. G. TURLE, M.D., D.P.M. (Resigned in July).

K. M. FRASER, M.B., Ch.B., D.C.H., D.P.M. (Commenced 12th August).

#### Educational Psychologists:

MR. G. H. JOYNT, B.A., Ed.B.

MISS J. M. POWELL, M.A., Dip. Ed.

#### Psycho-Therapist:

MISS I. H. BASSOM, B.A.

#### Psychiatric Social Worker:

MISS M. E. CRIPPS, A.A.P.S.W.

#### Part-Time Psychiatric Social Worker:

MRS. L. SAMBROOK, A.A.P.S.W.

#### Part-Time Social Worker:

MRS. M. V. NEWMAN (Resigned in December).

#### Remedial Teacher:

MR. J. WYBORN (Saturday mornings only).

#### Clerical Staff:

MISS N. DRURY.

MRS. J. CLARKE (part-time).



# SOURCE OF REFERRAL.

TABLE C.G.1.

	1963			1962		
	County	City	Out of Area	County	City	Out of Area
School Medical Officer ...	32	11	2	59	10	—
Private Doctor ... ..	38	7	—	68	5	—
Court or Probation Officer	15	1	—	24	2	—
Education Officer						
or Head Teacher ...	19	5	—	29	8	—
Parent or Foster Parent	3	4	—	8	3	—
Other Clinics or						
Psychiatrists ... ..	16	1	1	15	2	1
Miscellaneous Social						
Agencies, including						
Children's Officer's, In-						
fant Welfare Clinics, etc.	14	—	1	17	2	—
Educational Psychologist	30	8	—	42	2	—
	167	37	4	262	34	1
	208			297		

TABLE C.G.2.

WAITING LISTS—

December 31st, 1963

December 31st, 1962

	December 31st, 1963			December 31st, 1962		
	County	City	Out of Area	County	City	Out of Area
Diagnostic ... ..	36	5	—	109	16	—
Treatment or Supervision	—	—	—	57	7	—

TABLE C.G.3.

# DISPOSAL OF NEW CASES SEEN.

	1963			1962		
	County	City	Out of Area	County	City	Out of Area
Diagnosis and Advice ...	23	1	1	35	5	—
Taken on for Treatment	87	22	1	113	18	—
Taken on for Supervision	29	6	2	53	6	1
Remedial Coaching ...	4	2	—	2	3	—
Partial Service ... ..	57	14	—	47	5	—
	200	45	4	250	37	1
	249			288		

TABLE C.G.4.

## CASES CLOSED.

	1963			1962		
	County	City	Out of Area	County	City	Out of Area
I NON-TREATMENT						
Diagnosis and Advice ...	23	1	1	35	5	—
Withdrawn before examination, no service given	42	3	—	36	5	—
Withdrawn after Partial Service ... ..	57	14	—	47	5	—
Total I	122	18	1	118	15	—
II TREATMENT						
Improved ... ..	121	28	1	65	22	1
Unchanged ... ..	6	1	—	4	1	—
Unco-operative ... ..	33	8	—	16	4	—
Interrupted or Moved						
Away ... ..	23	3	3	12	2	—
Placed after Supervision	40	7	—	10	3	—
Transferred to New Clinic ... ..	73	—	—	—	—	—
	296	47	4	107	32	1
Total I and II	418	65	5	225	47	1
TOTAL FOR YEAR	488			273		

## SERVICE INFORMATION

The following section provides general information for those who use or work with the local health services provided by the City Council:

### Ambulance Service

The Ambulance Service for the City and around is provided jointly by Canterbury City Council and Kent County Council, and is supplemented by the Hospital Car Service and by use of rail transport. Except in the case of emergencies or accidents, requests are only accepted from medical practitioners and authorised officers of hospitals and local health authorities.

*Canterbury Ambulance Station, Old Ruttington Lane, Canterbury.  
Tel. No. 65001.*

**In emergency use 999 and state name**, number of telephone speaking from, and the nature and location of the emergency, and do not ring off until the information is checked back.

The obligation resting on the Ambulance Service is **not** to make arrangements for the conveyance of **all** persons suffering from illness but **only** those for whom **special transport** such as the service provides is **necessary**. (a) Patients needing to attend hospital who can reasonably be expected to make their own way there should do so. (b) Walking patients may not be provided with transport if they can be expected without detriment to health to make their way to hospital on foot or by public transport. (c) Patients may not be conveyed to a distant hospital or specialist if the necessary treatment or diagnosis can be obtained nearer home. In such cases arrangements may be made for transport but a charge on the patient or responsible relative is levied.

Questions on ambulance service matters concerning this station area may be made at Canterbury 64411 Ext. 42.

### District Nursing

This service is provided by the Canterbury District Nursing Association, affiliated to the Queen's Institute of District Nursing, and is centred on the Central Clinic, Poor Priests Hospital, Stour Street, Canterbury.

The services of a nurse are obtained through the family doctor under whose clinical direction the nurses work. Nursing requisites are loaned out by arrangements through the nurses. Larger articles may be obtained on loan from the Central Clinic or through British Red Cross Society, St. John Ambulance Brigade, and the Alford Aid Society. Incontinence pads for special cases not being attended by a district nurse may be obtained from the Central Clinic at a charge.

Address: Poor Priests Hospital, Stour Street (Central Clinic, side door). Tel. Canterbury 64412 Ext. 48.

#### *District Nurses:*

MRS. R. B. LEUTNER, S.R.N., S.C.M., Q.N.S. Tel. Stelling Minnis 316.  
MISS J. E. THOMPSON, S.R.N., Q.N.S. Tel. Canterbury 62489.  
MISS M. K. GILLET, S.R.N., S.C.M., Q.N.S. Tel. Canterbury 65763.  
MRS. M. DEAL, S.R.N. Tel. Canterbury 63333.  
MRS. M. E. PERKS, S.R.N., Q.N.S. Tel. Whitstable 4719.  
MISS F. M. DAY, S.R.N.

#### **Domiciliary Midwifery**

Four Domiciliary Midwives provide a service for the delivery of mothers at home. In general the care is provided in conjunction with the general practitioner obstetrician or family doctor, but the midwives are qualified to practice alone if required to do so. All have undergone a training in obstetric analgesia and are equipped with the necessary apparatus. *Booking:* A midwife may be booked for forenoon or afternoon (except Thursday and Friday afternoons or Saturday) by calling at the Central Clinic, Stour Street. Mothers are encouraged to book on a Wednesday afternoon when the midwives are in attendance.

#### *Staff:*

MISS J. A. SOULSBURY, S.R.N., S.C.M. Tel. 64714.  
MISS N. E. THOMAS, S.R.N., S.C.M., Q.N.S. Tel. 63962.  
MRS. F. M. LIVERSEDGE, S.R.N., S.C.M. Tel. 65356.  
MISS C. H. L. DESAINT, S.R.N., S.C.M. Tel. 65828.

#### **Health Visiting**

Six Health Visitors, fully qualified nurses all of whom have the additional training required for the post, provide a service for the care of mothers, infants and young children, and the promotion of health through advice and health education, in the home, amongst school children and through the child welfare clinics. They are concerned in the welfare of the elderly and infirm in their district and are associated with the family doctors by regular contact with their surgeries. They are also concerned with the care and after-care services. Headquarters: Central Clinic, Stour Street.

Tel. No. 64412 Ext. 49, 46 or 27.

#### *Staff:*

MISS A. GREY, S.R.N., H.V. Cert. (Senior).  
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V. Cert.  
MISS J. C. BARBER, S.R.N., H.V. Cert.  
MRS. P. RUSSELL, S.R.N., H.V. Cert.  
MISS B. PEARSON, S.R.N., S.C.M., Q.N.S., H.V. Cert.  
MRS. B. M. RUTKINS, S.R.N., S.C.M., H.V. Cert.

See Annual Report of the Medical Officer of Health for details of Ante-Natal and Child Welfare Clinics.

A special Tuberculosis Health Visitor works from the Chest Clinic, 43 New Dover Road, Canterbury. Tel. 62336.

### **Unmarried Mothers**

Help is provided for the special need of the unmarried mother and assistance is arranged through the Welfare Visitor Tel. No. 63186 (before 10.30 a.m.) at 64 Burgate (Miss U. Miller). Approach for assistance may also be made through the family doctor, health visitor, or by letter to the Medical Officer of Health, Dr. M. S. Harvey, 15a Dane John, Canterbury, marked strictly confidential. The Health Department works with the Diocesan Council for Social Work, and the Southwark Catholic Rescue Society in providing care.

### **Family Planning**

There is a local Branch of the Family Planning Association (see list of Voluntary Societies). The Clinics are held on one or more evenings each week in accommodation provided in the Central Clinic, Stour Street, Canterbury. Cases are seen by appointments, made through Tel. Canterbury 63814.

### **School Health Service**

This service is staffed by doctors and dentists listed below and is based for records, minor ailments treatment, dental treatment and special examinations and clinics on the

School Clinic, St. John's Place, Northgate. Tel. 63794.

The Nursing Staff comprises the Health Visitors, and

School and Clinic Nurse: MRS. A. F. HARRIS, S.R.N., S.C.M.

Dental Surgery Assistant: MRS. E. M. GREENSTREET.

Dental Nurse: MRS. J. GOODWIN, S.R.N.

School Health Service Clerk: MRS. H. KELLEY.

*The Child Guidance Clinic* Staff are named in the Annual Report from that clinic which is at 51 London Road, Canterbury. Tel. No. 62733.

### **Priority Dental Service**

This dental service is provided for expectant and nursing mothers and pre-school children and is staffed by the officers of the Dental section of the School Health Service. Expectant mothers in attendance at the Ante-Natal clinic are encouraged to attend the Dental Surgery in the Central Clinic on Wednesday afternoons for dental inspection and advice. Treatment can be obtained through the Priority service or General Dental Service according to choice.

Birthday dental inspection and advice at age 3 years and 4 years is encouraged and the Dental Surgery in the Central Clinic is open for that purpose on Friday afternoons. *Surgery Centre:* Central Clinic (ground floor).



## **Home Help Service**

This service is provided to meet the needs of households in difficulty through illness, maternity or complications of pregnancy, physical handicap or infirmity, or arising from the presence of young children. Special in-service training courses are run for the Home Helps. Requests for the service are accepted from family doctors, authorised officers of the hospital or local health services and certain social work departments. Each case is assessed for charges.

The staff of 24 part-time home helps is supervised by the Home Help Supervisor, Mrs. J. F. Amos, Health Department, 15A Dane John. Tel. No. 64411, Ext. 47.

## **Mental Health Service**

The care and after-care of mentally ill and mentally handicapped persons is provided by the Social and Mental Welfare Officer, Mr. A. Head, 15A Dane John. Tel. No. Canterbury 64412, Ext. 42, backed by two part-time relief Mental Welfare Officers, Messrs. D. Pledge and L. Fullbrook.

The Canterbury Training Centre provides 50 places for junior and adult mentally handicapped persons. Address: Canterbury Training Centre, Woodville Close, Wincheap, Canterbury. Tel. No. Canterbury 64316.

**Supervisor:** MRS. E. M. MONTI.

**Other Staff:** MRS. W. COOMBES, MR. R. GRADY, MISS P. A. SEELEY, MRS. L. I. CLARKE, MISS J. BARR, MRS. J. STICKELS.

Applications for admission should be sent to the Medical Officer of Health, 15A Dane John, Canterbury.

## **Nursing Requisites (Care and after-care)**

Requests for assistance are made to the Health Department by general practitioners, hospital almoners, etc. Certain articles are available on loan direct from the Health Department, and others through British Red Cross Society, St. John Ambulance Brigade or Alford Aid Society (see below for addresses).

## **Special Aids for the Handicapped or Elderly**

The Health and Welfare Departments are each concerned in such help on a case basis. See below.

## **Chiropody**

A chiropody service is provided for elderly, physically handicapped, and expectant or nursing mothers. Cases are referred through the family doctor, the local health authority nursing staff, the Ministry of Pensions or the hospital service. Treatment is given

at the chiropodist's rooms or by domiciliary visit. The proportion of cost to be paid by the case is assessed on ability to pay but a small minimum charge is payable by all cases at the time of treatment.

The British Red Cross Society provides a corn service for elderly ambulant persons at its Headquarters in Lower Chantry Lane.

### **Care and After-Care**

Ancillary nourishment is provided for tubercular cases on the recommendation of the Chest Physician. In special cases of debility assistance can be given or arranged for recuperative care. Convalescence after hospital treatment is arranged by the hospital service. In other cases help may be arranged by the Health Department in conjunction with the family doctor.

The local nursing, home help and social services are used to assist with the after-care of persons discharged from hospital, particularly the aged, and to help recovery and resettlement back into the community.

### **Prevention of Illness, etc.**

B.C.G. vaccination against tuberculosis is provided for case contacts through the Chest Clinic and for young persons from age 11 upwards by approved Medical Officers. The routine B.C.G. programme is carried out in the secondary schools, local public schools and through the School Clinic for older applicants. Forms of consent are distributed through the schools, but may also be obtained on application to the Health Department, or the Registrars of the College of Art and the Technical College for Students at these Colleges.

### **Vaccination and Immunisation**

The scheme covers protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis and such protection is available for children through the local Child Welfare Clinics or the family doctor.

Adult vaccination for those going abroad, and protection against typhoid and paratyphoid, etc., is not dealt with under the local health authority scheme and should be discussed with the family doctor. Authentication of signatures on International Certificates is done in the Health Department (Monday to Friday).

### **Welfare of Elderly and Physically Handicapped**

Enquiries on this service should be addressed to the Welfare Officer, Municipal Buildings, Danc John. Tel. No. 64411, Ext. 24.

## **Children's Officers Department**

Enquiries on matters concerned with the welfare of neglected or deprived children, children in need of care and attention, family guidance problems, children being fostered, etc., should be addressed to the Children's Officer, Arnett House, Hawks Lane, Canterbury. Tel. No. 65514.

## **Postal Addresses of Voluntary Societies**

British Red Cross Society, Lower Chantry Lane.  
St. John Ambulance Brigade, 40 Guildford Road.  
Alford Aid Society, 43 Old Dover Road.  
T.B. After-Care Committee, Chest Clinic, 43 New Dover Road.  
National Society for the Prevention of Cruelty to Children,  
52 Crescent Road, Ramsgate.  
Royal Society for the Prevention of Cruelty to Animals, 60 St.  
Martin's Road.  
Discharged Prisoners' Aid Society, 4 Gas Street.  
Women's Voluntary Service, 3 Castle Street.  
Family Planning Association, 18 Barton Road.  
Canterbury Society for Mentally Handicapped Children, 87 Ten-  
terden Drive.  
Canterbury Hard of Hearing Club, Hawcroft Farm, Sturry.  
Canterbury Voluntary Association for the Blind, "Brearly",  
Pilgrim's Way.  
Diocesan Association for the Deaf, Lady Wootton's Green.  
Disabled Drivers' Association, 158 Wincheap.  
Diocesan Council for Social Work, Diocesan House, Lady  
Wootton's Green.  
Canterbury Old People's Welfare Committee, c/o Royal Insurance  
Company, 29 High Street.  
Marriage Guidance Council, 1A Castle Street.  
National Institute for the Deaf, Roper House, St. Dunstan's  
Street.  
Society of Friends, Friends' Meeting House, The Friars.  
Toc H, 81 Cherry Drive.

## **Medical, Administrative, Clerical Staff**

HEALTH DEPARTMENT, 15A Dane John. Tel. No. 64412.  
Pedestrian access from Dane John Gardens, Car Park off Worth-  
gate Place.

**Medical Officer of Health and Principal School Medical Officer:**

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

**Deputy Medical Officer of Health and School Medical Officer:**

JAMES HUNTER, M.B., B.Ch., D.P.H.

**Principal Dental Officer:**

MR. P. B. TAYLOR, L.D.S., R.F.P.S.G.

**Chest Physician and Adviser in After Care:**

O. CLARKE, M.D., M.R.C.S.

**Medical and Dental Officers (Part-time):**

DR. F. B. CHEESE, M.B., Ch.B. (Child Welfare).

DR. J. A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Anaesthetics).

D. F. CROUCH, B.D.S. (Dental Surgery).

DR. M. B. WATSON, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.Obst., R.C.O.G. (School Medical Inspection).

Lay Assistant: D. PLEDGE.

Senior Clerk: MISS J. MASHMAN.

Clerical Officer: MRS. J. SPICE.

Central Clinic Clerk: MRS. A. BURTON.

And three Full-time and two Part-time clerks.

**Public Health Inspectorate**

Chief Public Health Inspector: (Tel. No. 64411).

T. L. MARTIN, A.R.S.I., F.A.P.H.I.

Senior Meat Inspector:

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Senior Public Health Inspector:

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

Public Health Inspectors and Meat Inspectors:

H. MALLOY, Cert. R.S.A. (Scotland), M.A.P.H.I., Meat Inspector's Certificate (Scotland).

R. H. CUFF, Cert. P.H.I.E.B., Dip. Inspector of Meat and Other Foods.

Rodent Officer and General Assistant:

A. BAUGHAN.

Section Clerk:

T. A. RANDALL.







